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THE MEDICALIZATION OF THE 'BATTERED WOMAN' IN ONTARIO, 1974 -1996

by

Katherin Podgorny

A Thesis

**Submitted to the Faculty of Graduate Studies and Research
through the Department of Sociology and Anthropology
in Fulfillment of the Requirements for
the Degree of Master of Arts at the
University of Windsor**

Windsor, Ontario, Canada

1998

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ABSTRACT

The medicalization of the battered woman in Ontario began a decade ago. As a result, victims of domestic violence have been constructed as psychologically 'ill'. Socialist feminist issues and concerns about the battered woman have been disqualified by the therapeutic community of experts who claim expertise on the issue of wife battery. The way in which a therapeutic framework shapes and defines mass media constructions of the battered woman are an underlying theme. Specific reference is made to popular magazine and newspaper articles between 1974 and 1996. The concepts of public consciousness, power, and discourse are analyzed in order to understand the change in meaning surrounding the battered woman within the last two decades. Informed by socialist feminism, the concern is with understanding how victims of violence lost their position as experts on wife battery to those within the 'psy' professions. As a socio-historical study, this thesis attempts to answer why and how the meaning of the battered woman changed between 1974 and 1996 in Ontario.

DEDICATION

Dla Kochanej Mamy....

Kocham Cie

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I would like to take this opportunity to thank all the members of my committee for their guidance and support during the writing of this thesis. Special thanks to Dr. Suzan Ilcan for her words of encouragement throughout the time it took to complete this study. Your support and belief in my abilities mean very much.

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INTRODUCTION

This thesis deals with the medicalization of the ‘battered woman’¹. Inherent within the process of medicalizing victims of domestic violence, is the disqualification of socialist feminist issues and concerns. The context in which battered women are understood shifts from a political setting towards a medical setting. Refocusing the position from which these women are discerned, subjects the battered woman to differing meanings. Although the medicalization of women’s lives is not a new phenomenon, the dynamics surrounding the battered woman have occurred only within the last two decades. I argue that due to medical intervention into the lives of battered women, these women become a contemporary site of medical regulation and control. The experiences faced by victims of domestic violence become shaped and defined by those within the therapeutic community. The extension of the therapeutic expert’s ‘medical gaze’ redirects the focus of critique away from the socio-political context and towards intervention and analysis located at the level of the individual.

Therapeutic proposals for the eradication of wife battery are concerned with transforming some aspect of the victims’ behavior. This ‘new’ way of seeing the battered woman, I will argue, has been extended to, and has influenced, public perceptions of battered women. People’s, and especially women’s consciousness about the battered woman has also changed in response to the shift away from woman-based knowledge towards medical issues and concerns. The focus here is to understand why public perception of the battered woman

¹The use of quotations around the term battered woman (‘battered woman’) signifies my awareness that this construct is always subject to changing meanings (Walker, 1990: 24). For the remainder of this thesis, I will simply refer to battered women without the use of quotations. The reader should keep in mind that this category is never a uniform label.

has changed in the last two decades. How has this change taken place? This problem of investigation is worthy of study because it questions and challenges the regulation of battered women, and recognizes the resistance and activism women possess in the struggle for the eradication of wife battery.

Domestic violence and the experiences of battered women have not always been considered a social and political problem. Prior to the 1970s, there was no name given to women who were beaten by their male partners. There was limited discussion or attention paid to the circumstances of these women. With the development and influence of the British battered women's movement, and the rise of women's liberation in the United States and Canada, women began to struggle against the socio-political context which permitted wife assault to occur (Dobash and Dobash, 1992:26; Hilton, 1989:322). What was a non-problem in the past, quickly became a social and political crisis during the 1970s. Socialist feminism informed and shaped the politicization of the battered woman. Arguing that the role of both class and gender relations are the source of troubles battered women experience, a socialist feminist framework proposes the eradication and transformation of a capitalist patriarchy (Jaggar, 1995: 299). Socialist feminist ideals underlying the movement argued that only the victims of wife battery could be the 'experts' regarding their problems (Cahill and Loseke, 1984: 296). From that perspective, the public was informed that the battered woman was a political advocate who was struggling against those social, political, and economic structures responsible for her situation. By the close of the 1970s, a new group of 'experts', concerned with the question "why does she stay?", dominated the field of wife battery.

The sociological literature dealing with the medicalization of women's lives is extensive. The debate within the last decade revolves around the question of whether or not medicine has the ability to transform women's issues into therapeutic concerns, and influence other media of discourse surrounding the problem. The work of Wendy Mitchinson (1993) is concerned with the medicalization of women's lives in Canada. She states (1993:402):

Doctors have been able to...extend their influence in society by speaking out on traditionally non-medical subjects and linking them to health, that is medicalizing them. In their efforts to determine the cause of disease in women and in their belief that they have a right and a duty to speak out about those causes and their origins, physicians have expanded their area of expertise...This medicalization has affected almost every aspect of women's lives.

Medical intervention surrounding women's lives has the effect of restricting and regulating women. One area of particular concern for feminist writers with respect to this issue, has been women's sexuality (Mitchinson, 1993:403; Smart, 1992:15).

Masturbation by women was considered by the health care community as a deviation from a 'normal' and healthy female sexuality. Physicians argued that female masturbation would lead to a "dullness in the sensibility of the genitalia and thus weakened the enjoyment of sex" (Mitchinson, 1993:403). This of course, was not a problem for women, but one for men, who would find their wives cold and indifferent. Women who did engage in this sexual act were constructed as amoral and 'ill' because of their deviation from their role as child bearers and mothers. There was no recognition or criticism aimed at the way in which the

category ‘Woman’ was defined. All was well with the social and political structure constructing the ‘ideal’ woman as wife and mother; as purity and virtue. What was in need of regulation was her behavior. The regulation of women’s sexuality by medical discourse creates her as a disruptive figure in need of control and regulation. The problem lies with the woman herself. Medical discourse defined women who engaged in solitary sexual acts as suffering from a deviant and distorted personality. The same situation applies to the battered woman. Her experiences are interpreted by the therapeutic community as being the result of her disordered psyche (Dobash and Dobash, 1992:214). The focus for intervention and treatment, is the victim of domestic violence . Therapeutic discourses have become the new ‘expertise’ on the battered woman. The ability of medical knowledge to extend its terrain and expertise within the lives of everyday people, and as a result ‘syndromize’ their situation, is an important theme within this study. Locating cause, blame, and resolution with victims of domestic violence has become the dominant conceptualization informing public consciousness within the last two decades.

The discourses of the human sciences have influenced other media of understanding. The power of discourse, I argue, not only lies in its ability to disqualify and silence alternative claims to truth, but also the capacity to shape and influence the way other discourses discern and define a social problem. This is seen with the law embracing and incorporating medical knowledge into its own framework, thereby being influenced by its claims. Smart (1989:17) argues that law has “extended its legitimacy by embracing the objects of [medical] discourse”. The “psy” professions (Smart, 1989:15) have influenced the way in which the law deals with social issues and people. For example, as children were

identified by the discourses of human sciences to be an important group necessary to the regulation of the population (through 'proper' socialization, education, etc), the law, informed by this framework, extended the protection of children by introducing legislation on the age of consent, incest, and so on (Smart, 1989:17). The significance of this study is to understand the way in which therapeutic discourse has become the dominant definer of the battered woman by silencing feminist politics, and defining other media of discourse surrounding her subject. I am primarily concerned with the power of therapeutic discourse to define the mass media-based construction of the battered woman. The way in which the media (i.e. popular magazine articles) constructs the battered woman speaks directly to the way in which the public understands and defines the experiences of this social actor.

Chapter One provides the conceptual framework which sets boundaries around how I approach the issue at hand. Working from a socialist feminist framework, I draw on the concepts of 'public consciousness', 'discourse', and 'power' which reflect and incorporate socialist feminist issues and concerns. Concerned with understanding the way in which the meaning of 'Woman' has changed over time, and the ways in which women have resisted and brought about social change, informs my methodological approach. Relying on a socio-historical research method, I will show the changing nature of the battered woman is dependent upon the shift in position from which she is understood.

Chapter two looks at the history of the battered woman in Ontario. The battered women's movement is the focus of this chapter because it raised public consciousness about wife battery and created wife battery as a social and political problem. I trace the development of the battered women's movement in Ontario and the work it continues to do

today. I look at how this social movement brought wife battery into public debate and created victims of domestic violence as political advocates struggling for social change.

Chapter three speaks to the politicization of the battered woman. I look at how this process was informed by feminist politics. The criticism of the socio-political structure, as taught by the battered women's movement, educated women to lobby against and criticize, in particular, the welfare state and policing procedures. Transforming these two areas, the public was made aware of the power that the battered woman possessed in defining and challenging the structures responsible for her situation. Also, through battered women's stories and letters, victims of domestic violence were seen by the public as experts regarding their experiences. Slowly, with the close of the 1970s and the introduction of the therapeutic community of experts, the battered woman's voice was muted by that of medicine.

Chapter four looks at the medicalization of the battered woman. I argue that with the addition of the categories 'battered spouse' and 'battered woman' to the International Classification of Diseases, the victims of domestic violence became individualized. Interpretation of the circumstances faced by battered women was informed by a medical setting. Inherent within the process of the medicalization of these women is the disqualification of a socialist feminist framework as a valid standpoint from which to understand her experience. Focused on the question "why does she stay?", rather than on "what social and political structures are responsible for her situation?", or "why does he beat her", the battered woman became a new population to treat.

The final chapter argues that because of the medicalization of the battered woman, positive steps for the eradication of wife battery have ceased. Socialist feminist attempts to transform the social and political conditions responsible for wife battery have been muted because the focus has become the treatment of her disordered personality. I propose avenues of future research, where the focus must be on reintroducing woman-based knowledge into discourses, particularly therapeutically oriented frameworks. The reorientation towards feminist principles and ideas about the battered woman is important because it is the first step in reigniting the hope for social change.

CONCEPTUAL FRAMEWORK

Wife battery has not always existed within public consciousness¹ as a problem. Prior to the 1970s, there was very little written about or done in terms of problematizing the experiences of battered women. With the development of the battered women's movement in North America in 1975, and in Canada two years later, domestic violence became an issue debated and discussed within the social, public, and political arena (Schechter, 1982:3; Hilton, 1989:324). Public consciousnesses concerning wife battery was raised and informed by feminist activists and victims of domestic violence. Working particularly from a socialist feminist framework, women activists and battered women transformed wife battery from a private issue into a social and political problem. Socialist feminism frames wife battery as an expression of women's oppression. As such, feminist proposals for resolution lie with the transformation of the wider socio-political context². The experiences of battered women are

¹My use of 'public consciousness' refers specifically to people's, and especially women's perceptions about the battered woman.

²Socialist feminism is committed to the liberation of all women. Although there is a strong focus on women within a socialist feminist framework, minorities and ethnic groups are also given great consideration. One of the guiding principles of socialist feminist thought is its ability and dedication to the incorporation of all people into its framework. People from different geographic locations, different ethnic and racial backgrounds, and those with alternative sexual orientations are understood by socialist feminism to be important and guiding voices within the liberation of women. Also, stemming from its socialist roots, working class members are considered valid voices and sources of social change. Socialist feminism incorporates and works from a position of difference. Difference within and among people is considered a strong position from which to speak and change contemporary social life. For a detailed discussion, see Linda Briskin, "Socialist Feminism: From the Standpoint of Practice." Feminism in Action: Studies in Political Economy. Ed. M. Patricia Connelly and Pat Armstrong. Toronto: Canadian Scholar's Press, 1992: 267-293.

understood to be the result of a system where class and gender relations shape and define all aspects of contemporary social life (Messerschmidt, 1986:30). The main focus for socialist feminist struggles against wife battery is to show that discourses reflective of contemporary social and political systems continue to oppress and regulate battered women.

In response to domestic violence, socialist feminism proposes an analysis which critiques and holds accountable a social and political system shaped and informed by class and gender relations (Jaggar, 1995:299). Socialist feminism claims that the dual system of capitalism and patriarchy must be understood and analyzed if any comprehensive recognition and solution is to be sought for victims of wife battery (Messerschmidt, 1986:27). Both productive and reproductive relations are responsible for shaping our socio-political conditions. A socialist feminist conception of domestic violence begins by theorizing sexism and capitalism as pervasively influencing all levels of social life. Socialist feminism argues that our legal, political, cultural, and economic institutions and practices, commonly known as the “superstructure” of society, are limited to, and defined by, interests which create and maintain women’s oppression (Messerschmidt, 1989:30). The systems of capitalism and patriarchy reproduce themselves over time because they shape and influence social, political, legal, and economic reality, which in turn influence the way in which people understand and are able to live in their social world. Of major concern to the socialist feminist framework is the struggle for the elimination of the concepts “masculinity” and “femininity” (Jaggar and Rothenberg, 1993:188).

The concepts of “masculinity” and “femininity” are understood by socialist feminism to be the underlying issue affecting and shaping responses to the problem of wife battery. These sex-appropriate scripts are reflective of the power of capitalist patriarchy to categorize

men and women into positions and roles which guarantee the further progression of the dual system of social life. Socialist feminism claims that in order to attack the domestic assault of women, we must first challenge and deconstruct the images of the 'appropriate' positions and roles of men and women. Recognizing that wife battery is rooted in "socially created male and female roles" (MacLeod, 1987:18), we can begin to uncover the subtle ways in which our socio-political structure oppresses and regulates the battered woman. Socialist feminism argues that violence is an intentional behavior chosen by men "as a tactic or resource associated with attempts to control and dominate women" (Dobash and Dobash, 1992:248). According to socialist feminism, therefore, attempts to control and dominate women through violence stem from the roles attributed to men and women. Men are socialized to be aggressive, independent, and fearless. Women, on the other hand, are taught to be submissive, dependent, and passive (Mackie, 1994:28). When these gender roles are upheld and legitimated by other institutions, such as the economic system or mass media, a system of reinforcement develops which maintains the class and gender relations shaping social life.

The legal system, for example, has been isolated as one medium through which there is the "enforce[ment] and reproduc[tion] [of] the structure of patriarchal dominance, particularly the public/private dichotomy which perpetuates women's dependency upon men..." (Currie, 1990:78). Attempts made by feminists and other women to influence the way in which the law deals with domestic violence is seen to have yielded few positive outcomes (Currie, 1990: 79; Smart, 1989: 4). Legal discourse continually disqualifies feminist knowledge as a reliable and valid source of expertise about the battered woman because the law upholds and reproduces ideas of "masculinity" and "femininity". Challenging societal definitions of appropriate gender scripts allows socialist feminism to begin an analysis concerned with transforming and

changing the experience of victims of domestic violence.

Socialist feminist attempts to understand and resolve wife battery rest upon uncovering the way in which other frameworks explain the experiences of battered women. Of particular significance is the way in which medical discourse interprets the situation faced by battered women. Argued to be a system of knowledge representative of the dominant social order (Mitchinson, 1993:392), medical discourse is seen by socialist feminism as a powerful way to control and dislocate battered women from feminist inspired knowledge. As a result, public consciousness about the battered woman becomes refocused in terms of medical issues and concerns. The concepts of discourse, power, and public consciousness, guided by socialist feminist principles, are vital to this study because they explain the change in meaning within public perception about the battered woman.

Discourse

Within the arena of public opinion and debate, not all systems of knowledge have equal ability or authority to define a particular problem (Gusfield, 1981:10). Defining a problem in a particular way involves the attribution of truth surrounding that issue. All discourses propose to reflect the 'truth' about a problem. Socialist feminism argues that although discourse can propose a reality about women's lives, all 'claims to truth' must be approached with caution and with a critical eye so as to prevent the subjugation of woman-centered knowledge. My understanding of 'discourse' draws on the work of Carol Smart. Smart (1989:3) is concerned with giving feminist knowledge a voice surrounding women's issues, which she believes has been continuously disqualified by law. Smart looks to how women's bodies, with particular attention paid to rape and pornography, have been constructed from the position of medical knowledge. She argues that feminist frameworks have been disengaged from any legal

discussions concerning women's bodies (Smart, 1989:92). Socialist feminism in particular, challenges the law's ability to define women and their experiences. The critique revolves around the ability to create the 'truth' about women. Therefore, the concept of discourse is conceptualized as a "truth claim" (Smart, 1989:88). As such, each discourse intends to define and shape the way a problem or issue is understood by the public. A socialist feminist framework has raised and influenced public consciousness about the battered woman, as does therapeutic discourse. Within the last two decades, therapeutic experts have disqualified politically oriented knowledge surrounding the battered woman by refocusing public consciousness in terms of therapeutic issues and concerns about victims of domestic violence. The ability of one discourse to disqualify another, illustrates the power which one claim to truth possesses over others.

The Power of Discourse

The power inherent within discourse is its "ability to disqualify other knowledges and experiences" wishing to raise and influence public consciousness about an issue (Smart, 1989:11). Drawing on socialist feminist claims, my understanding of power attempts to uncover the subtle ways in which the battered woman has become a new body to regulate and control within the last two decades. The power inherent within discourse manages to normalize the battered woman as a psychiatric concern. Smart (1989:11) argues that any claim to truth is "indivisible from the exercise of power", or in the words of Seidman (1994:214), "the will to truth is entangled with the will to power". That is, in hopes of shaping the public reality of an issue, discourse must disqualify and silence other knowledge and experience as valid claims to truth. The power of discourse, the literature argues, can be attributed to the

credibility of the discourse (Gusfield, 1981:10). The prestige and status that a discourse possesses can explain why it has the ability and authority to silence and subjugate other systems of knowledge about a problem. For example, the American Psychiatric Association possesses a great amount of prestige and status within the eyes of the public. They are looked at, and reported to, by others in search for explanations and resolutions to the question of homosexuality, and other issues.

Homosexuality was problematized by therapeutic discourse as a psychiatric problem with resolution placed with the treatment of those identified as 'homosexual'. This created a boundary whereby only those in the therapeutic community (i.e. psychiatrists, psychologists, and psychoanalysts) could claim expertise about the issue. Other perspectives surrounding homosexuality, such as those offered by the homosexual community itself, were excluded as legitimate and 'expert' sources of knowledge and experience. As a result, public opinion with respect to homosexuality has been shaped by the discourse offered by the therapeutic community of experts (Gusfield, 1981:10, 11; Seidman, 1994:263). The ability of medicine to extend its gaze into non-medical issues, while disqualifying other knowledge and experience, is one form of the exercise of power within contemporary society (Seidman, 1994:215; Smart, 1989:88). This form of power has been seen most dramatically within the lives of women.

The medicalizing of women's lives has resulted in the subjugation of a woman-centered framework. For example, childbirth in the nineteenth century was never a health care concern (Mitchinson, 1993:409). Prior to medicine's 'expertise', childbirth was an event which involved and relied solely on women's knowledge and participation. Women aided other women, often within their own homes, with the pregnancy and birthing process. Childbirth was a 'woman's issue', not a medical concern. Gradually, women were disqualified

as 'experts' by the more learned and prestigious field of medicine (Mitchinson, 1993:409). Childbirth was relocated within the medical setting. Public consciousness, and especially women's consciousness, was refocused in terms of who could provide a healthy pregnancy and birth. Women and the public were informed that only with the aid of medical knowledge and intervention, could women have safe and healthy births. With the introduction of medical technology aimed at helping physicians deliver children (i.e. ultrasound), and the protocols for a 'healthy' pregnancy, childbirth was medicalized. The domination of medical knowledge and intervention with respect to childbirth, "outweighs other truths, indeed it denies the possibility of others" (Smart, 1989:11). Childbirth was no longer within the domain of 'women's issues', but transgressed into the realm of the medical setting. Public perception and definition of childbirth was therefore refocused in terms of medical issues and concerns. The medical community was now the 'expert'.

The power of therapeutic discourse lies in its ability to refocus public consciousness about the battered woman. Therefore, I understand medicine as a discourse or truth claim which is able to discount alternative or competing discourses, such as feminist discourse, as a legitimate definer of the battered woman within the arena of public debate. Public discussion, debate, and understanding shifted from a political basis, towards a medical setting. Relying on the knowledge and experience of feminist oriented claims, public consciousness reflected the battered woman as a political advocate. Magazine articles published in the 1970s produced battered women as active within the transformation and criticism of the socio-political context. For example, an article in Ms magazine tells of battered women and women activists printing pamphlets and other sources of information which inform the public about the political and legal constraints placed on victims of domestic violence (Ms, August 1976:95). Another article

discusses the establishment of battered women's shelters across Canada as a result of the activism and work of battered women themselves. Battered women's efforts to lobby the government for the funding of shelters places battered women as a political advocates (Reader's Digest, December 1978:184). Battered women were active in the politicization of their experiences. However, this orientation changed at the close of the 1970s with the introduction of new frameworks into the issue of wife battery. As a result, public perceptions of the battered woman transformed.

Different paradigms that enter the debate about a 'new' problem bring with them different levels of authority (Gusfield, 1981:8). That is, only a few frameworks have the ability to become the "legitimate source of definition of the reality of the problem" (Gusfield, 1981:8,9). Only certain frameworks shape the way in which the public sees and understands an issue. People's perceptions of the battered woman are informed by the knowledge and perspectives offered to them.

Public Consciousness

Raising public consciousness about a problem deals with the way in which people's perceptions are shaped and defined with respect to a particular issue. Not only is raising public awareness significant in the construction of public problems, but so is the ability to refocus that same awareness in terms of different issues and concerns. Gusfield (1981:8) argues that raising and refocusing public consciousness about a particular issue depends on the authority and ability of particular systems of knowledge to "create and influence the public definition of a problem". Medical knowledge has historically had the ability to influence people's perception about issues affecting women (Mitchinson, 1993:402). For example, public consciousness

surrounding contraception was raised in terms of medical issues and concerns in the mid-nineteenth century (Mitchinson, 1993:405). The public was informed that the use of any birth control method was “immoral, unnatural, and, therefore, unhealthy” (Mitchinson, 1993:405; Smart, 1992:19). The belief that birth control could lead to various nervous diseases, insanity, or even impotence, was not supported by medical research. Rather, the purpose of constructing contraception as a medical issue was done for social reasons (Smart, 1992:20). Giving women reproductive freedom negated women’s proper role within the socio-political context. “Femininity” needed to be maintained as encompassing purity and motherhood. Wishing to maintain a system defined by class and gender relations, public debate and discussion about contraception needed to be shaped by discourses focusing on the individual, not the social or political (Gusfield, 1981:5).

Public consciousness, I argue, refers to the perceptions and understanding of the way people, and especially women, ‘see’ an issue. Influencing the way the public ‘sees’ an issue, or the way in which public thought is organized and defined in relation to a particular problem, involves the “authority to be legitimate sources of definition of the reality of the problem” (Gusfield, 1981:9). The competing frameworks that struggle to define the reality of wife battery for the public are responsible for changing the meaning of the battered woman.

The Changing Meanings of the Battered Woman

Socialist feminism is concerned with the ways in which the meanings attributed to ‘Woman’ have changed over time (Jaggar, 1995:299). Whether we look at rape victims or motherhood, the meanings attributed to these aspects of women’s lives have not remained constant over time (Smart, 1992:7). Different discourses have informed the way in which

women are understood and defined. As a result, socialist feminism is concerned with understanding how and why women have been historically controlled and regulated. Socialist feminism also looks at the ways in which women have resisted and challenged regulation, thereby bringing about social and political change (Smart, 1992:3). The meaning of the battered woman has not remained constant over time, nor have victims of domestic violence remained silent about wife battery. Women's resistance against the silencing of their experiences with violence has resulted in an active social movement. Issues of change, resistance, and transformation are part of a socialist feminist framework, and therefore, inform the conceptual and methodological position taken in this thesis.

Methodology

Subjected to differing constructions, women have historically been a site of regulation and control (Smart, 1992:8). Why and how has this happened? Socialist feminists will argue that the oppression of women is the result of a system shaped and defined by production and reproduction (Messerschmidt, 1986:30). Therefore, any construction of 'Woman' reflects society's class and gender relations. Socialist feminist theorists analyze women's lives by recognizing that "the subordination of women takes different forms in different historical periods" (Jaggar, 1995:299). The forces and factors appearing at different times throughout history have a great impact on the way in which women's lives are defined. Socialist feminism is dedicated to the recognition of those mechanisms which allow for, and continue the historical control and regulation of women.

Understanding the differing constructions of the battered woman requires a methodology which is sensitive to socialist feminist issues and concerns about victims of

domestic violence. Fundamentally concerned with “how the battered woman has changed over time”, my method of research has been influenced by other socialist feminist writers, namely Carol Smart (1992) and Donileen Loseke (1989). Both Smart and Loseke are concerned with understanding the way in which certain mechanisms and forces categorize women into particular social and political positions. Understanding the battered woman as another way in which women are restricted and controlled, allows me to follow in their methodological footsteps. Socio-historical methodology is sensitive to the issues of change and transformation because its roots are based in uncovering the ways in which change has taken place (Neuman, 1994:370; Singleton et al., 1993: 376).

Socio-historical methodology, or historical comparative research, gained attention during the 1970s because of its indispensable insight into how history can inform us about the dynamics of social phenomena (Bailey, 1994:315; Neuman, 1994:369). Understanding why and how the meaning of ‘Woman’ has changed over time, requires the analysis of the historical, social, and political forces influencing the transformation. For this reason, socio-historical methodology attempts to examine the past in order to explain the current position of particular individuals or groups (Neuman, 1994:375). Examining specific historical events responsible for the creation of the battered woman as a psychiatric concern emphasizes the accurate description of how this change in meaning came about. The socialist feminist emphasis on transforming the conditions of all women implies the need for the generalized understanding of the social world which prevents that change from occurring. Socio-historical researchers must interpret the evidence, since a tenet of social research is that the facts do not speak for themselves (Singleton et al., 1993:379). As such, the researcher is always guided by a conceptual framework relevant to his or her interests.

Working from a socialist feminist framework shapes the way in which I understand and interpret the data collected for this thesis. Some issues that need to be taken into consideration with socio-historical research stem mainly from the generalizations that can be made (Layder, 1993:179; Neuman, 1994:376). What should be paramount to the socio-historical researcher is the use of as much relevant data as possible. As such, the analysis can be as rich as possible (Layder, 1993:179). Published and unpublished written documents are the most important type of primary sources for the socio-historical researcher because they provide firsthand accounts of events (Neuman, 1994:383). Being able to generalize to the population of battered women is important if any significant claims can be made.

Documenting the change in how the public defines 'wife abuse', Loseke (1989) provides a useful analysis which has influenced the way I approached my own methodological issues.

Loseke (1989) provides a methodological approach which speaks not only to the importance of change in meaning of the battered woman, but also to the medicalization of victims of domestic violence and its impact on public perceptions regarding the victims of domestic violence. Loseke (1989:191) deals specifically with the precise content of the claims made about the problem of 'wife abuse'. She makes it clear that within the arena of public imagination there are competing sources of knowledge (Loseke, 1989:191). She uses popular magazine articles to show how the public is informed about wife abuse. This medium is quite significant since it has been shown that "magazine articles constructed images of the social problem called 'wife abuse', and these images do not differ significantly from those constructed in the professional literature written by and for 'wife abuse' experts" (Loseke, 1989:197). It is precisely the public imagination about the battered woman which will be

looked at in order to show that in fact the meaning of the battered woman has changed within the last two decades. I am concerned with not only how public consciousness was raised about the battered woman, or in other words, how claim makers brought the battered woman to the attention of the public, but also, how the battered woman is defined within the public imagination. Therefore, my analytical use of popular magazine articles dealing with wife battery and battered women highlights the precise content of the claims made to the public about the experiences of the battered woman from 1974 to 1996.

The official discovery of wife battery by the North American mass media occurred in 1974 (Loseke, 1989:192). In this year, the Reader's Guide to Periodical Literature began listing articles under the heading "wife beating" (Loseke, 1989:192). One such article, entitled "Britain: Battered Wives" was one of the first to inform the North American public about the battered woman. Published in Newsweek magazine in 1973, the article discusses the first battered woman's shelter in Britain (Newsweek, 1973:39). It raised public consciousness about the history, severity, and resolutions surrounding the 'newly' discovered problem of wife battery. The article informed the public, and especially other women, that wife battery is a serious social and political problem. The year 1974, therefore, is the beginning point of my study. Throughout 1974 and 1979, the articles which dealt with wife battery and the battered woman, spoke to and challenged the social, political, and economic institutions responsible for the occurrence and existence of domestic violence.

The year 1979 marks the historical moment when political concerns about the battered woman are replaced by those informed by therapeutic discourse. The therapeutic community becomes the new expert on wife battery in 1979 because this is the year in which the categories "battered spouse", "battered woman", and the "battered woman's syndrome"

appeared on the International Classification of Diseases: Clinical Modification Scheme (Dobash and Dobash, 1992:213). The list, compiled by the United States National Center for Health Statistics, classifies “all known diseases and related entities” and is intended to assist professional therapists in the treatment of patients (Dobash and Dobash, 1992:213).

Therefore, the inclusion of the category “battered woman” onto this list produces her as suffering from a disorder which requires therapeutic intervention. Professional therapists themselves argued that battered women, now understood as suffering from a disorder, would “provide impetus for further exploration of the symptoms, treatment and incidence of the problem [wife battery]” (Dobash and Dobash, 1992:213). Isolating battered women as a group suffering from a psychiatric problem allowed for the involvement of professional therapists into the issue of wife battery.

The study is limited to the year 1996 because it marks the last full year of publication. Before the analysis began, the articles that I have collected by no means exhausts the magazine articles dealing with wife battery and the battered woman. I focus on Ontario because the battered women’s movement developed here well after the movements in Britain and the United States (Hilton, 1989:322). As a result, social activism in Ontario on behalf of battered women was greatly influenced by the social and political struggles of Europe and the United States.

The following questions are raised:

1974-1979 : The Politicization of the Battered Woman

1. What historical event(s) were responsible for the problematization of ‘wife battery’ in North America?
2. How did this movement on behalf of battered women influence the way in which the

‘new’ problem of wife battery was understood?

3. What did the battered woman mean? That is, how was she defined from the perspective of women activists during this historical period?
4. Is there any criticism of the socio-political structure within the data when discussing the experiences of the battered woman?
5. Is there any reference to the battered woman as a ‘political advocate’ within the context of the articles?
6. Is the battered woman considered to be the ‘expert’ on wife battery? If so, how is this expertise displayed?
 - a. Are the letters and stories of battered women significant within the articles?
 - b. Is the involvement of various social institutions (i.e. police and welfare) important in displaying the legitimacy and authenticity of the experiences of the battered woman?
7. How was feminist politics slowly displaced from the discussion surrounding the battered woman? Why?

1979-1996 : The Medicalization of the Battered Woman

1. What historical influence(s) began the progression towards the therapeutic community of experts becoming the dominant voice informing and defining the battered woman?
2. Why has the medical setting become the dominant position from which to define the victims of domestic violence?
3. What are the desired avenues for resolving the troubles of the battered woman?
4. Is there any reference to battered women within the articles as ‘sick’ or suffering from a psychological disorder?
5. Is there any reference to battered women within the articles as being at fault for the violence they endure?
6. Is the battered woman constructed as provoking male violence? Is the battered woman defined as enjoying the violence she endures?
7. Why has male violence been displaced from the responsibility of the male himself? Why has the female figure within the male’s life been blamed for his aggressive and violent behavior?

8. What has the battered woman been able to do in response to her 'new' identity as 'ill'?

These questions are raised in order to show the change in construction of the battered woman from a political actor, to a new population to treat³.

The data has been analyzed and used to defend the argument that the battered woman is no longer a political advocate within the eyes of the public. She is now considered to suffer from a psychological problem (i.e. the battered woman's syndrome), and that this is the reason for her situation. She is blamed and held accountable because the violence against her is understood as resulting from her disordered personality. Refocusing public awareness about battered women towards a medical setting has displaced and disqualified a socialist feminist framework as a legitimate definer of the victims of wife battery. As a result, the battered woman is displaced from her historical roots that grounded her experience in a broader, more political setting.

³My use of specific magazines for each historical period, and the way in which I have analyzed the articles appears in the Appendix of this thesis.

THE HISTORY OF THE BATTERED WOMEN'S MOVEMENT: THE CREATION OF THE BATTERED WOMAN

Introduction

Violence against women has not always been as public an issue as it is today. In fact, the battered women's movement has struggled for the last twenty years to transform the private nature of violence against women into public and political concerns. The battered women's movement organized and acted against the wider social and cultural context which was understood to cause and offer a solution to violence against women. In order for this organized opposition to take shape, activists needed an identity which represented their objectives. The creation of a new social actor, or as Seidman (1994:235) calls it a "new source of knowledge", came from the battered women's movement. The creation of the battered woman is the focus of this chapter.

The Battered Women's Movement : The Beginning

The history of the Battered Women's Movement is a rich and diverse one. It continues to adapt itself to meet the needs of different women who rely on the movement for support and to provide hope for a life and society free from violence. Also referred to as the "shelter/refuge movement" (Davis, 1988:357; Dobash and Dobash, 1992:25), the battered women's movement developed out of the direct involvement of women who were themselves experiencing violence at the hands of their male partners. It all began with the establishment of a shelter called the Chiswick Women's Aid in England in 1971 (Dobash and Dobash, 1992:25). What began as a protest against the cancellation of free milk for

school children, ended up as the inspiration for a social movement against violence against women (Dobash and Dobash, 1992:26). The protest created a sense of solidarity among the women who fought for the right of school children to have free milk in their places of learning. It instilled within them the belief that women just like them had the ability and power to protest and change situations with which they did not agree. These local English women decided to create a community meeting place where they could discuss anything and everything that was going on - or not going on- in their lives and in the lives of their families. No one thought that this would evolve into an international social movement of united women struggling to end violence against women. Nevertheless, this dramatic development happened. In this community meeting place, women began to share their stories of violence endured at the hands of their male partners. In seeking to transform the issue of violence against women from a 'private' domain into a 'political' concern, the battered women's movement was born.

The battered women's movement claimed as its goal "to name the hidden and private violence in women's lives, declare it public, and provide safe havens and support" (Schechter, 1982:11), and more importantly, to make explicit the "questioning approach to the societal structures which permitted wife assault to occur" (Hilton, 1989:322). Thus, the movement crusaded for the recognition of wife battery as a serious social and political concern. In Britain, the process of politicizing wife battery differs from the way in which this objective was achieved in the United States (Dobash and Dobash, 1992:24) In Britain, the battered women's movement is an independent movement which did not rely on already existing women's groups and organizations. It developed out of the sheer horror and shock of

British women who spoke of their experiences within violent relationships (Dobash and Dobash, 1992:26). Focused on the transformation of the wider social and cultural context which permitted wife assault to occur, and not on the seizure of power, as reminiscent of other social movements (e.g. worker's movements)¹, the battered women's movement became the representation of the struggle for all women who were being abused.

In the United States, the battered women's movement began several years after the movement in Britain. The main difference between these respective movements does not lie within their ideological or strategical approach, but rather within their development. The literature on the history of the battered women's movement in the United States understands the development of the movement as based on the influence of other active social movements going on during the 1960s (Adamson et al, 1988:37; Dobash and Dobash, 1992: 23; Schechter, 1982:29). The most influential movement which prompted the development of the battered women's movement in North America was the Anti-Rape Movement in the United States (Schechter, 1982:34).

¹The literature on social movements, which is enormous and beyond the scope of this thesis to present in detail, distinguishes between 'old' and 'new' social movements. The battered women's movement is considered to be a 'new social movement' because its objective is to change the social and cultural beliefs, values, and practices which allow for the problem of violence against women to occur. It is not a social movement based on the goal of gaining political power. For a more detailed discussion on the differences between 'new' and 'old' social movements, see Alan Scott (1990) Ideology and the New Social Movements. London: Routledge. Also, Sidney Tarrow (1994) Power in Movement : Social Movements, Collective Action and Politics. New York : Cambridge University Press. For a specific discussion of 'new social movements' in relation to the women's liberation movement, refer to Steven Seidman (1994) Contested Knowledge: Social Theory in the Postmodern Era. Massachusetts : Blackwell Publishers.

The Influence of the Anti-Rape Movement

The Anti-Rape movement's genesis during the early 1970s, a time of widespread social struggle, means that it had already been an active social movement for about three or four years before the battered women's movement (Matthews, 1994: xiii). The establishment of rape crisis centers throughout the United States, between 1973 and 1976, catapulted the problem of rape into national recognition (Matthews, 1994:41). Fundamentally concerned with violence endured by women in society, these activists focused on rape, or sexual violence, which reflected the movement's belief that sexual violence was an integral part of women's oppression and that it was a serious public problem (Schechter, 1982:34). The declaration by the anti-rape movement in the United States that the "private and social were no longer separable categories" (Schechter, 1982:31), influenced the ideological and strategic position of the anti-rape movement. This positioning, in turn, shaped the foundations of the battered women's movement in the United States.

Through close personal contact with already existing organizations, representatives of the anti-rape movement added battered women's concerns to their tasks (Schechter, 1982:34). Linking the issue of wife battery to the already very public agenda of the anti-rape movement allowed battered women to enter into public and political discourse. Public awareness of the seriousness of rape within society paved the way for the introduction and understanding of wife battery as a serious socio-political problem. The addition of the concerns of battered women to the agenda of the anti-rape movement educated women who experienced violence at the hands of their male partners as to the reasons for their involvement in abusive relationships and to the possibility of change.

Having a “striking and obvious resemblance to the anti-rape movement”, the battered women’s movement “owes [the anti-rape movement] several debts” (Schechter, 1982:34). It questioned and unmasked the myths behind rape, for example: “women like to be raped”, and the classic “women mean ‘yes’ when they say ‘no’” (Schechter, 1982:35). It located sexual violence as a product of unequal power relations between the sexes, and created rape crisis centers which “changed women’s consciousness and re-defined the parameters of what women individually and collectively tolerated” (Schechter, 1982:34). Finally, it educated women and the public by publishing pamphlets, fact sheets, and newsletters about rape. The movement also put pressure on the Canadian government to fund a report on wife assault in Canada.

The Canadian Advisory Council on the Status of Women published a report on “Wife Battering in Canada” in 1980. Using the case studies of battered women in shelters, and focusing on the legal system, the report criticized and challenged the beliefs held by those in positions of power, and by the public (MacLeod, 1980:21). This report has since become a vital tool in educating the public about wife battery in Canada (Hilton, 1989:326). The use of information as an organizational tool, the theories applied to understanding violence against women in society, and the “structural foundations of pre-existing organizations” with the anti-rape movement (Tierney, 1982:211), provided the model for the development of the battered women’s movement.

The critique of the social control of women through violence, whether sexual or physical, was rooted within a theory of male power (MacLeod, 1987:38). This analysis, espoused by the anti-rape movement, and adhered to by the battered women’s movement,

argues that society has created unequal gender roles which perpetuate sexual and/or physical violence against women. The location of men in positions of power and privilege within virtually all aspects of social life, including legal and medical institutions, is understood to be the reason for the continued existence of violence against women. Combined with the cultural beliefs and values about the role of men, women, and violence, our social structure continues to reproduce wife battery (MacLeod, 1987:38-39). For example, the cultural belief that 'no' means 'yes' was unmasked as one of the many cultural myths which upheld rape as acceptable male behavior. The fact that within the criminal justice system, women's testimony had to be corroborated, attests to the impression that women are not believable within the eyes of the law, and by extension in the eyes of the public.

The anti-rape movement was also concerned with changing the labelling of women who were raped from victims to survivors. The movement helped create an identity in which women were determined, strong, and fighting for social change (Gondolf, 1988:17). One of the most influential contributions of the anti-rape movement to the battered women's movement was the belief that the "private and social were no longer separable categories" (Schechter, 1982:31). Women were encouraged to speak out about their experiences with rape, with the legal system, and with the lack of power they felt when trying to seek protection and support. The establishment of these ideological and organizational strategies shaped the way in which the battered women's movement understood and created the battered woman.

Influenced by the anti-rape movement's commitment to educating rape victims as advocates of social change, women who were battered learned they too could speak out

about their situation. Women involved in violent relationships were themselves responsible for shaping public consciousness about wife battery. Countless protests, marches, and lobbies against the government reflect the ways in which women themselves were working on their own behalf as the advocates for social change. Women were taking to the streets and declaring war on the social and cultural context that permitted rape to exist (Adamson et al, 1988:50). By 1977, 'Take Back The Night' marches were held annually all over the United States and Canada. During these protests, women forced society to recognize that violence against women was a serious social problem and that women who had endured violence were themselves struggling against the social and cultural conditions responsible for the violence against them to continue. Women marched "unafraid...turning individual fear into mass anger, women felt strength and temporary psychological liberation..." (Schechter, 1982:38). The mass anger against the rape of women translated into mass anger against the battering of women.

Battered women are, according to Seidman (1994:235), the "sources of knowledge" who helped the battered women's movement find definitions for wife battery and solutions for its eradication. Through the philosophy and establishment of consciousness raising groups², which dominated the structure and ideology of shelters, women were able to

²Consciousness raising groups refer to an organizational approach based on feminist theory, rooted in the belief that discussion and mutual support fostered in women the need to become politically active. These were small groups of eight to ten women who met regularly over a period of time. Topics included anything that sparked interest within the group. Based on equality, there was no designated leader. All women were heard equally. For a more detailed discussion, see Nancy Adamson, Linda Briskin, and Margaret McPhail. Feminist Organizing For Change: Contemporary Women's Movement In Canada. Toronto: Oxford University Press, 1988: 45.

“mobilize, organize and protest, on a much larger scale...with new fervour” (Hilton, 1989:326). Women coming from and living in violent relationships were the advocates struggling to define wife battery as a problem rooted in patriarchy, not in the pathology of men and women. As Hilton (1989:324) states, “the battered women’s movement struggled...to pull away the mask of privacy with which definitions pointing to the family or the drunkard has covered the problem”. Battered women were themselves “self-determining” (Davis, 1988:358) agents who criticized and fought against the socio-political context.

With the foundations of the battered women’s movement established by both the British and U.S. movements, Ontario joined the struggle to end wife battery and to help battered women become advocates for social change. All across Canada, as in the United States, women’s organizations and referral centers were opening up to help rape survivors deal with the trauma and to provide places of support and protection (Hilton, 1989:324). These initial steps were based on a feminist philosophy which analyzes the “historical and structural basis of power, control, and the sexist socialization as expressed by the crime of woman abuse” (LCCTEWA, 1992:15). According to the London Battered Women’s Advocacy Centre’s (1997:6) action community project, this philosophy should offer “support and facilitate personal and social action aimed at ending violence against women...it is a community response”. In keeping with this theory of social action, shelters which began opening in Ontario during the mid-1970s were dedicated to the protection and support of battered women in this province.

Social Action in Ontario

The development of the battered women's movement in Ontario should be understood in relation to the battered women's movement in Quebec³. Quebec was the first province in Canada to open women's rape crisis centres, and other women's organizations, which provided support and protection for women who had experienced rape, or who needed information on abortion issues (Hilton, 1989: 322). This action was a response to the Royal Commission on the Status of Women's 1970 analysis of the status of women in Canada, in all areas of social and economic life. The Royal Commission, however, failed to mention violence against women. In direct response to this 'oversight', the Conseil du statut de la femme (Council on the Status of Women) was established in the province of Quebec in 1972 to address wife battery in Canada. This was the first organization of women in Canada struggling to make public the situation of battered women. In response to the 'newly' discovered problem of wife battery, shelters began to open in the province of Quebec. Consult-Action became a network of Québécois shelters which were the physical basis for feminist organizations (Hilton, 1989:325). In these shelters, the survivor was able to realize that her ordeal was not the result of her behavior or the psychological instability of her partner, but rather that it was a social and political problem. Wife battery was to be made public through the use of women's personal experience. This was the basis for social change.

Drawing on the achievements and influence of the Anti-Rape movement in the United States, women in Quebec began to tell of their stories of violence at the hands of their male partners. The French Canadian battered women's movement was more concerned with

³For a more detailed discussion of the Quebec battered women's movement, see Michelle Beaudry (1985). Battered Women. Montreal: Black Rose Books.

providing battered women services than they were with protesting against the government. The literature attributes this orientation to the “early absorption of the Quebec movement” by the government (Hilton, 1989:325), and suggests that this absorption resulted in the reconstruction of the goal of the battered women’s movement in Quebec. No longer a protest oriented movement, it offered “support and service...[not] a mass protest or broad pressure” (Hilton, 1989:325).

With the battered women’s movement already underway in both the United States and in Britain several years ahead of Canada, the Canadian public was not shocked by the problem of wife battery. Since the battered women’s movement originated in Britain in 1971, there had been a steady flow of international media coverage on the issue (Dobash and Dobash, 1992:26). Chiswick Women’s Aid had already existed for about six years before the battered women’s movement developed in Ontario. The close contact with this organization, combined with the knowledge and experience gained by women activists working within the anti-rape movement in the United States, provided the battered women’s movement in Ontario with its foundation and awareness of the problem (Dobash and Dobash, 1992:26). By the time the battered women’s movement developed in North America, it did not come as much of a surprise that wife battery existed in this part of the world also. What did, however, shock Canadian women, and later the public, was the scope and history of the problem and the inability and unwillingness of the institutions in this country to do anything about it.

The battered women’s movement in Ontario was born in 1977 with the establishment of the Ontario Association of Interval and Transition Houses (Hilton, 1989:324). Networking shelters all across the province created a united front from which women could organize and

fight for social change. The members of this association believed that wife battery reflected patriarchal attitudes and the economic structure of society, and insisted that:

Woman battering is a crime and a social problem, not a private affair. Therefore, all levels of government and society must share the responsibility to eliminate it. Adequate financial support of Interval and Transition Houses must be provided. Legislation and enforcement of the law must reflect the seriousness of the crime⁴

The linkage of shelters all across Ontario allowed for an organized and unionized fight for the elimination of wife battery. Shelters in Northwestern Ontario were extremely important since the ability for battered women to reach a shelter outside of their community would mean traveling hundreds of miles to a larger city (Untinen, 1995:176).

Women lobbied the government for protection against abuse, and called for a criticism of the ways in which society continued to allow violence against women in the home. A group called Women Against Violence Against Women (WAVAW) organized in Toronto on Nov 5, 1977 to protest and challenge the “media assault on [battered] women” (Hilton, 1989:325). This organization protested and resisted the way in which the media portrayed battered women as passive and willing victims of violence. With the belief in the “plan for long term STRUGGLE”⁵, other women’s organizations joined in the protest. Women in Ontario were “mobilized, organized and protesting, ... with fervour” (Hilton, 1989:326). Battered women themselves were marching, protesting, and taking to the streets

⁴T. Don (1977). An Introduction to the Ontario Association of Interval and Transition Houses. Toronto: OAITH.

⁵Advertised on a WAVAW flyer, 1977, taken from the Women’s Movement Archives, Toronto, Ontario as seen in Zoe Hilton (1989:325).

with their stories of violence. Battered women were the advocates for education about wife battery and for social change. The battered women's movement criticized the production of battered women by those outside feminist practice, as victims and as unreliable sources of information. The battered women's movement in Ontario struggled to define the problem as one rooted in patriarchy and to expose it as a social problem, not a problem limited to the privacy of the family or the problem of drunk men (Hilton, 1989:324). The battered woman was the 'new' social and political activist.

Battered women's activism in Ontario brought the problem of wife battery out of the closet. Relying on the experiences of battered women themselves provided the movement with an authentic voice. Between 1974 and 1979, the battered woman was the expert regarding her situation. Problematizing wife battery is the result of the battered women's movement. The politicization of the battered woman relied on those women themselves.

THE POLITICIZATION OF THE BATTERED WOMAN

Introduction

The following will analyze the ways in which public consciousness was raised in terms of feminist ideas and concerns about the battered woman. How did the politicization of battered women take place? How was it that between 1974 and 1979 battered women became political activists? I do not wish to imply that this historical period serves as a complete breaking point for the politicization of the battered woman. Prior to 1974, there were very few magazine articles which reflected that politicization. Because so few existed, their influence was not felt. The progression towards the politicization of the battered woman, in the full sense of the word, came about by 1974. The women's liberation movement was in full force, and of course, the battered woman's movement was picking up speed and support within the United States. I would like to make it clear that historical time periods in my argument are not used with the belief that they serve as complete breaks in social activity. Rather, 1974 begins a progression towards the politicization of the battered woman. This is a fluid understanding of time: where there are overlaps and areas of grey.

I plan to analyze the politicization of the battered woman in the following way. I begin by looking at the importance of battered women's shelters in this process. Shelters provide a political analysis of the problems that the battered woman faces. Since wife battery is viewed as a political problem, the battered woman is trained to be a political activist. Letters written by battered women themselves serve as powerful tools in raising public consciousness about battered women. These letters appear in the data, explaining the reasons

women stay in these relationships, the kind of help they need to break free from the violence, and the existence of wife battery. The letters are testimonies to the problems and solutions for the battered woman. Also, the battered woman's involvement with the reformation of the welfare system is vital to informing the public about the problem of wife battery. Specific focus is placed on lowcost housing and job training programs to allow the battered woman to break free from the violence. Finally, I look at how police procedures are important to the issue at hand. Again, battered women work with this area of the legal system for better protection in domestic disputes. Changing the way in which the police respond to battered women is seen as critical in raising public consciousness about wife battery.

The Politicization of the Battered Woman

The following will present and analyze the ways in which public consciousness was raised in terms of feminist issues and concerns about the battered woman. How did the battered woman become a site of political concern? To answer this question, the battered women's shelter educated the public about wife battery.

The Battered Woman's Shelter

Battered women's shelters unmasked wife battery as a social and political problem. Socialist feminist politics informing our understanding of wife battery has resulted in the battered woman becoming a site of political concern. The politicization of the battered woman is seen within shelters all across Ontario. With the development of shelters, not only did the battered woman have a place to escape, but she was also trained to be a political activist. Committed to providing battered women with an escape and a place for discussion,

women activists struggled to make women's experiences of being beaten a matter of public and political concern (Loseke, 1992:31). Woman activists working within shelters needed to be able to describe wife battery in such a way as to evoke public, social and political response towards it. Extrapolated from the already existing and 'discovered' problem of 'battered babies', the term 'battered woman'¹ was first used by the woman activists in Chiswick Woman's Aid.

The battered woman's shelter provided the 'expertise' about wife battery. Ms magazine published an article in June of 1974, which discussed the problem of wife battery and the role of the first battered woman's shelter, Chiswick Woman's Aid, in bringing the issue into the social and political arena. The article relied on the testimonies of women activists working in Chiswick Woman's Aid to educate the public and other battered women about why wife battery exists and about the role of the shelter. The article began by presenting four paragraphs which describe the violence endured by four different British battered women. It followed with the revelation that "[women] arrive at Chiswick Woman's Aid, physically battered, emotionally stunned...The sense of relief at being away from the constant fear of violence is overwhelming" (Ms, June 1974:24). Chiswick Woman's Aid, it is argued, is dedicated to providing battered women with protection and a refuge (Ms, June 1974:24). Not only does the shelter provide emergency housing, it also serves as a forum for

¹It has been noted in the literature that the term 'battered woman' is used interchangeably with 'battered wife'. Given that the research on the subject of violence against women encompasses many different types of violence, against different types of 'women', it is more sensitive to those women who do experience violence, to use the term 'battered woman'. This applies to all women who are battered, for example, lesbians and women in common-law relationships (MacLeod, 1987:16).

discussion and organization among shelter workers and battered women. Chiswick Woman's Aid, which is the model on which all other shelters are based, understood wife battery to be the result of many different social and political institutions and practices. The legal system was targeted for providing the battered woman with "...few legal options" (Ms, June 1974:26). Also, the police were seen to be "notoriously reluctant to intervene", and that wife battery continues because battered women are "financially dependent" (Ms, June 1974:26). Focusing on the belief that there is official denial of the problem, Chiswick Woman's Aid argued that wife battery continued to exist.

The increased activity, and the new-found realization that wife battery was a widespread social and political issue, made the battered woman's shelter the center of organization and activism surrounding wife battery. Within the work of shelters, wife battery was considered a 'woman's issue'. Only battered women and women activists, working from a socialist feminist politic, could provide knowledge about wife battery. Battered women's shelters, therefore, are the result of women working and organizing from the belief that wife battery is the result of "societal structures" (Hilton, 1989:322). Shelters address the issue of wife battery by challenging our social, political, economic, and cultural institutions and practices. Shelter workers and battered women continually and actively, throughout 1974 and 1979, struggled against these structures. From blaming the lack of financial independence women experience, to dispelling myths about the reasons for wife battery, battered women's shelters provide a critical site from which to analyze the problem of wife battery.

The lack of active and change oriented response by our socio-political institutions towards battered women perpetuates the problem of wife battery. One article illustrates this point very clearly. A shelter worker was very explicit about her claims surrounding wife battery. Trudy Don, the coordinator of Interval House, a Toronto hostel for women, informed the reader that battered women stay within the battering relationship because "many abused wives have a great deal to lose, financially, if they leave" (Chatelaine, January 1976:69). She went on to argue that wife battery is a problem which needs to be discussed publicly so that society becomes more sympathetic towards the situation the battered woman faces. Other shelter workers argued that battered women "have no jobs or salable job skills", and this is why they are forced to remain with the batterer (Good Housekeeping, August 1976:138). Lisa Leghorn, co-leader of Women's Transition House, a Cambridge, Mass., refuge for battered women, argued that "economic pressures are seen as an aggravating factor" in the continuation of wife battery (U.S. News & World Report, September 20, 1976:47). Another shelter worker claimed that the strongest reason why battered women stay "are economic" (America, August 1977:46). Women within shelters argued that "women fear poverty if their husbands are removed" (Time, November 28 1977: 10). The battered woman, paralyzed by fear and "trapped financially", cannot leave the batterer (Reader's Digest, December 1978:188).

Along with economics, shelters have been very active in challenging social myths about wife battery. The most prominent of these is the strongly assumed link between alcohol and male violence. An article published in Good Housekeeping magazine in August of 1976 presented the struggle of battered women's shelters to dispel the myth that

alcoholism is responsible for wife battery. The article featured a Citizen's Complaint Center, a project spearheaded by organized shelters in Maryland. The purpose of the Center was to provide legal and social counseling to battered women. The Center made it clear that wife battery occurs in all families, regardless of social class, and that alcohol is rarely a contributing factor for the violence. The Center stated: "professional people as well as laborers are involved in wife beating, and that neither drinking...is necessarily involved" (Good Housekeeping, August 1976: 134). Many of the articles between 1974 and 1979 introduced the effort of shelter work in dispelling the alcohol myth through the stories of the battered woman herself. The idea that the shelter was not only an emergency refuge, but also a forum for discussion, allowed for battered women to be the expert voice. Many battered women tell of their experience with violence as beginning with the husband or boyfriend having one too many to drink. This is an interesting trend within the articles because we see that battered women were themselves telling these stories of alcohol and abuse. The critical difference between the articles published from 1974 to 1979 and those published later, is that shelters and women's groups, in response to these stories by battered women, continually educated the battered woman and the public that alcohol, although it may be present within the abusive relationship, *is not* the cause of the violence. According to Ferraro and Johnson (1983:329), shelters teach battered women they can no longer view alcohol as a "rationaliz[ation] for violent episodes". Battered women were taught that their abusers are responsible for their actions and that any substance abuse, whether drugs or alcohol, cannot be interpreted as uncontrollable afflictions on the part of the batterer.

The battered woman's shelter works to dispel the myth of alcohol and violence within the mind of the battered woman herself. An article in Chatelaine magazine told the story of Vera, a woman abused by her husband. At the beginning of the article, we see Vera recounting the abuse she endured at the hands of her husband Fred after he had been drinking:

He's all right when he's just drinking beer. He'll go along drinking a case of beer a day and not even acting drunk. But then he starts to add more liquor, and it seems he'll pick a fight about anything when he's drunk... he punches and kicks me. Several weeks ago I had to get my ribs x-rayed...

(Chatelaine, January 1976:66).

Her Internal House co-ordinator made it very clear that battered women need to have "genuinely helpful and supportive counselors" (Chatelaine, January 1976:70), who must teach battered women that alcohol is not the reason for the attacks on them. One shelter worker in Cambridge Mass., argued that "alcohol may be merely an excuse...In many cases, men drink to have justification for beating their wives" (U.S. News & World Report, September 20, 1976:47). Countless pamphlets and newsletters provided by women's groups and organizations in Canada during the 1970s, denounced and criticized the cultural attitude that alcohol is the cause of violence against women (Schechter, 1982: 239). The words of the Interval Worker spoke to the need for battered women to have access to resources within the community that can give them "moral support" and the ability to "talk over the problem" (Chatelaine, January 1976:70).

Recognizing that the needs of battered women were enormous and complex, shelters began to be built with great speed between 1974 and 1979. In response to “there simply [being] no place for the battered woman to go”, the number of shelters have been growing since 1976 in North America (Good Housekeeping, August 1976:138). The only real answer against wife battery, therefore, was to open more shelters. An article in Good Housekeeping described the growth of shelters in the United States, where “battered women and their children are fed, housed, comforted and counseled²...” (Good Housekeeping, August 1976:136). Another article presented the shelter as focusing on the well-being of the survivors: “recognizing that safety comes before other considerations, women’s groups in some areas now provide shelters for abused wives and children...an attempt can be made to discover the causes of the husband’s behavior, and to secure long-term remedial assistance” (Parents Magazine, January 1978:26). In some Canadian and American cities, where there are no shelters, women have opened their own homes to battered women in an attempt to help them (Reader’s Digest, May 1977:28). Recognizing that the shelters’ activism is vital to raising public consciousness about feminist issues and concerns surrounding the battered woman, many shelter workers believe that “We are a band-aid service. Much more effort is

² The feminist use of the term ‘counselor’ is not to be associated with the dominant idea of a medical or psychiatric counselor. Feminist literature describes the practice labeled ‘feminist therapy’ or ‘feminist counseling’. This refers to the practical application of feminist thought. That is, women must understand their political, economic, and cultural oppression and its effect on their lives. Once women understand how these institutions and practices work to oppress them, they can fight against the dominant social order which maintains and reproduces these institutions and practices. For a more detailed discussion on ‘feminist therapy’, see Nancy Adamson, Linda Briskin, and Margaret McPhail. Feminist Organizing For Change: Contemporary Women’s Movement in Canada. Toronto : Oxford University Press 1988:45.

needed to break through the cycle of violence and put an end to its destructiveness”

(Reader's Digest, December 1978:190).

The shelter is one way in which public consciousness is raised about the battered woman and her experiences. However, it is not the only avenue. The stories and letters of battered women provided first hand accounts of their experiences and served as a powerful position from which to speak. They were considered the experts. Also, battered women, working as political activists along with other women advocates, lobbied the welfare system for lowcost housing and job training programs that would make them economically independent. Police responses were also targeted so that battered women might receive better protection. This action increased the public awareness of the severity and complexity of wife battery. It also showed that the battered woman was a survivor and an active player against wife battery.

Battered Women's Stories and Letters

The stories and letters of the battered women are powerful tools for raising public consciousness about feminist issues and concerns about wife battery. These firsthand testimonies about the experience of being a battered woman provide not only an authentic voice but also a powerful position from which to speak. Speaking to people, including other battered women, stories and letters provide a direct link to the battered woman herself. Her words are understood as 'real'. Relying on these women's stories and letters, magazine articles illustrated to the public that the battered woman is considered the expert voice. The battered woman is seen as providing the explanations and resolutions to the problem of wife

battery. Battered women spoke and wrote about the reasons for wife battery, women's motivation to stay, and the conditions they need to break free from the violence.

Constructing battered women as 'experts' is fundamental to feminist politics. An article presented the story of a battered woman as expert. The article is focused on exploring and understanding the etiology of wife battery from the perspective of the battered woman. This journey began with the story of Emily Leonard, a battered woman. Emily recalls the night when, after twenty years of marriage, her husband beat her. Reflecting on the question of why she remained for so long, she answers, "Your whole sense of worth is tied up with being a successful wife, having a happy marriage...If your husband beats you, then your marriage is a failure, and *you're* the failure" (Ladies Home Journal, June 1974:64). Countless letters poured into Chiswick Woman's Aid every week which spoke to the indifference battered women face from the police, welfare, and the community at large. One battered woman wrote, "There was no point in mentioning it [the beatings] before because no one wanted to know - not the police, not the welfare people, not the neighbors, no one" (Ms., June 1974:24). The comment insinuated that the social and political structure does not care about battered women. The severe beatings and constant fear felt by one battered woman finally propelled her to escape her batterer. Living at a retreat, the battered woman reflected on the violence and posed herself with a question: "Why did her husband beat her and why did she stay?" In response, she answered: "I was raised to believe a woman is supposed to do whatever is necessary to hold her marriage together. That's why I stuck around for so long" (Good Housekeeping, August 1976:136). Her response echoed that of many other battered women.

Letters written by battered women provide an authentic voice informing wife battery.

A very interesting article was published in Ms magazine in December of 1976. The text is not written by a journalist who researched wife battery. Instead, it is a collection of eleven letters by battered women. Entitled "Unforgettable Letters From Battered Women", the article is a response to a previous article which Ms published earlier that year ³. Astonished by the response the August 1976 article received, the magazine printed these eleven letters to allow battered women the opportunity to share their experiences of violence with other battered women. Through this approach, not only other battered women, but also a broad audience, listened to their words. In the third letter, a battered woman made the point that society worries about violence on the street, but does little to recognize and acknowledge violence in the home. She wrote that she "put up with it for about eight years, during three pregnancies", and now is charged with murdering her husband (Ms, December 1976:97). She recalled how she wanted desperately to leave but could not because "...I didn't have money for gas or food for the kids, so I would have to stay" (Ms, December 1976:97). The author of the sixth letter argued that "the causes of wife-beating are too deeply rooted in our societal values" (Ms, December 1976:99). The letter following this one wished to contribute to the August article, which the writer felt to be "valuable but incomplete". This battered woman argued that the "issue of power...in a relationship" is vital to recognize when discussing the cause of wife battery (Ms, December 1976:99).

³The name of the article that appeared in the August 1976 edition of Ms magazine is "One of These Days - Pow ! Right in the Kisser : The Truth About Battered Wives".

Writing about her reasons for remaining within the relationship for seven years, the battered woman spoke for herself. She began her letter by remembering the wonderful way in which she met her husband. At the beginning of the fourth paragraph, the story of the violence begins. Six months after the wedding, the battered woman recalled how he “threw me on the bed, and began beating on my back with his fist” (Vogue, January 1978:177). From there she wrote about the repeated abuse she endured, and the countless visits to the hospital. She argues that “wife abuse knows no economic or social barriers...I found it impossible to phone the police or to discuss the problem with friends” (Vogue, January 1978:185). The battered woman concludes with the message that the public needs to “understand the problem of the battered woman”, and that battered women should learn about not only their “emotional but [also]... legal rights” (Vogue, January 1978:186).

The stories and letters of the battered woman reflect the activism and strength of these women. The wish to share their experiences and views on wife battery illustrates the active participation that the battered woman took in understanding her own situation. Through these means, public consciousness was raised about the definition of the battered woman from the point of view of the survivor. She was considered the expert. Not only was the battered woman’s expertise and political activism found within her stories and letters, it was also displayed in her efforts to reform the welfare system and police response to domestic disputes.

Reformation of the Welfare System : Lowcost Housing and Job Training Programs for the Battered Woman

The Canadian welfare system has been observed by women's groups and battered women to be in need of reforming its response to women who leave their batterers (Walker, 1990:61). The policy of the Canadian welfare system, stating that a woman who leaves the home voluntarily does not qualify for social assistance, came under attack in the late 1970s (America, August 6 1977:46; Walker, 1990:56,61). Going beyond raising public consciousness, feminist organizations and battered women worked to evoke a "substantial response from a variety of agencies and institutions with the means and resources to do something to change the situation" (Walker, 1990:24). The provision of lowcost housing and educational/training programs for the battered woman were key areas of concern.

Focusing public attention on the Canadian welfare system to become more sensitive to the needs of battered women, is illustrated in an article appearing in The Canadian: The Gazette on November 20, 1976. On the last page of the article, the question, "what about welfare agencies?", was asked when exploring the ways in which battered women can be helped (The Canadian: The Gazette, November 20 1976:8). Women's groups and battered women lobbied for the funding of transition houses, which provide "emotional strength, practical assistance and physical security" (The Canadian: The Gazette, November 20 1976:8). For example, Trudy Don, coordinator of Interval House, stated that battered women who came to the house were offered "day care [for their children] while the woman is out looking for a job or an apartment" (Chatelaine, January 1976:70). The opportunity to leave the batterer and start again is vital for the battered woman. Gondolf (1988:19) argues that a

feminist approach to wife battery includes, "financial support...job training, dependable child care, adequate housing" and that these things need to be made available to the battered woman. Articles point to the need for "job opportunities and salaries"⁴ for battered women, and of lowcost single family dwellings, which would give the battered woman the possibility of leaving the batterer (America, August 6 1977:50, The Canadian: The Gazette, November 20 1976:8). One battered woman, in a letter written to Ladies Home Journal in 1979, reinforced the need for lowcost housing and education programs. Being able to leave her batterer, she wrote, "I'd gotten counseling at the woman's center about such things as budgeting, job opportunities and the availability of low-cost housing...I cannot say it has been an easy year, but it has been filled with personal growth" (Ladies Home Journal, April 1979:42).

The Department of the Status of Women released a report which responded to battered women who claimed that the Canadian welfare system perpetuated wife battery (Walker, 1990:25). The proposed plan of action to reform the welfare system was entitled *Toward Equality for Women*, and was published in March of 1979. The report identified wife battery as one of the major concerns to be analyzed by the Canadian federal government. This was an opportunity for women's groups and battered women to participate in the

⁴I came across a very interesting piece of information with respect to the question of salaries for the 'battered woman'. In an article printed in Ms magazine in December 1976, there is reference made to a project taken up by an organization in the United States, called Wages for Housework, in New York. This organization argued that if there were wages for housework, then battered wives' shelters would not be necessary. Women would be economically self-sufficient, and therefore, able to escape the violence. I mention this because it is another way in which women advocates were active in eradicating wife battery during the 1970s.

construction of wife battery as a social and political issue. Resolutions to the problem were aimed at Canadian social institutions, primarily the criminal justice system and welfare departments. Organized women activists aligned themselves with researchers in the area of wife battery to provide a co-ordinated framework. This alliance fought to achieve a positive response from the welfare system, making it sensitive to the needs of the battered woman (Schechter, 1982:47; Walker, 1990:25). Based on the report from the Department of the Status of Women, the Advisory Council on the Status of Women published the first Canadian book on the issue of wife battery in Canada, entitled, *Wife Battering in Canada: The Vicious Cycle*⁵ in January of 1980. The publication focused on the need to analyze and understand wife battery in terms of its maintenance and perpetuation by the social and political context in Canadian life. One of the major areas looked at was the socio-economic position of the battered woman in Canada and the role of the welfare state in forcing these women to stay with their batterers. Recognizing that poverty among women must be addressed in the struggle to eradicate wife battery in Canada, MacLeod (1987:19) argues that it is important for battered women to have low-cost housing offered to them, since these women "have few financial options and so are unable to find alternative shelter on their own".

The provision of lowcost housing and educational programs for the battered woman was hailed as a positive step towards the eradication of wife battery within Canadian society. The work of women activists and battered women themselves resulted in an altered response

⁵MacLeod, L. (1980) Wife Battering In Canada: The Vicious Cycle. Ottawa: Canadian Advisory Council on the Status of Women.

from the Canadian welfare system. Another area within Canadian social life which was seen as vital in raising public consciousness about the situation of the battered woman was police response to the problem of wife battery.

The Changing Police Responses to Domestic Violence

Since the police are usually the first on the scene of domestic disputes, the way in which they respond to the battered woman is seen as vital in raising public consciousness about wife battery. Women activists and battered women are concerned primarily with the lack of police protection offered to victims of domestic assault. This stems from the inability of the police to see wife battery as a real problem. Therefore, efforts to reform police responses to the battered woman must begin with re-socializing police officers about wife battery from a feminist perspective. The lobbying efforts of women's groups and battered women have resulted in significant changes to policing procedures in Canada. In particular, the development of 'family crisis intervention' programs were designed to train police officers to better protect battered women.

In cases of domestic disputes, the police have been unwilling to acknowledge that wife battery was a problem requiring their involvement. Referring to domestic violence as a "private domain", the police have not seen it as their place to intervene (Linden, 1996:155). In an attempt to explain the lack of adequate police protection towards battered women, the literature suggests that the police share the same cultural beliefs about wife battery as the general public (Stark and Flitcraft, 1996:149). The Police Commander of the Detroit Police Department has been cited within the data as one of the first people within the dominant

social system to have called on the police to “begin to view domestic violence as a ‘public issue’ rather than a ‘private problem’” (Ms, August 1976:95; Good Housekeeping, August 1976:133). Commander James Bannon went on to state that those in law enforcement are “socialized in precisely the same manner as the citizens we are expected to protect... We share society’s view that domestic violence is an individual problem and not a public issue” (Ms, August 1976:95). Guided by feminist politics, Commander Bannon recognized that “traditionally trained and socialized policemen are the worst possible choice to attempt to intervene in domestic violence” (Ms, August 1976:95). In a article that appeared in Ms magazine in August of 1976, a batterer told the story of his violent behavior towards his wife. His self-confession as a “woman beater”, shed light on the way in which the police responded to the violence. Bill M recalled one night when he beat up his wife, and she called the police. Believing that he would go to jail, Bill M was instead “walked around the block and the next day was back on her sofa” (Ms, August 1976:53). Staff sergeants George Hogg and John McGregor, and Constable Al Robertson, all of the Metropolitan Toronto Police, argued that “in most cases [of wife battery], though,...we’ll talk it over” (Chatelaine, January 1976:68). The lack of adequate protection offered to battered women by the police has been challenged by women’s groups and the battered woman herself.

Battered women were actively involved in the process of transforming police response to cases of domestic violence. An article appeared in Newsweek magazine in February of 1976 which spoke directly to the efforts undertaken by battered women in changing the response of the police towards wife battery. Describing a “judicial system that is reluctant to interfere in family disputes” (Newsweek, February 2 1876:47), the protests of

women had begun to “attract attention to the problem [lack of protection by police] and stir some change in its treatment. Police departments are attempting to re-educate cops on the beat...” (Newsweek, February 2 1976:47). One very interesting and powerful attempt by battered women to ensure that better protection is provided for them in cases of wife battery was seen in a Manhattan Supreme Court in 1977.

A massive class action suit was filed by a coalition of New York legal organizations on behalf of 12 battered women, and “all other battered wives”, who claim that the police “deny the existence, prevalence, and seriousness of violence against married women or treat it as a private privilege of marital discipline” (Ms., April 1977:19). The massive legal suit against the police department detailed how each battered woman was denied assistance. One battered woman claimed that her husband “slapped, punched, and choked her in front of their two screaming children”, and when the police did arrive, they responded by stating, “we cannot do anything in marriage fights” (Ms., April 1977:19). The changes to police procedures were also linked to battered women taking a strong stance against the inability of the police to provide them protection. In an article published in Reader’s Digest in May of 1977, it is stated that, “one surprising reason [for the changes in police response] may be that women are beginning to sue the police departments that haven’t sufficiently protected them” (Reader’s Digest, May 1977:23). The efforts of women’s groups and battered women resulted in the increasing establishment of police training programs all across Canada by the late 1970s.

One of the first references to a Canadian police training program appeared in Reader's Digest in December 1978. The magazine published an article which traced the literature on wife battery and discussed the progress made in London, Ontario, with respect to the eradication of domestic violence. Of the many issues the article focused on, London was credited with being the first Canadian city to have a police training program as early as 1972. Heralded as the first city to take a strong and progressive stance against wife battery, London has become an international model for police training programs. In Milan, Italy, London was praised for providing "a model to the world for the prevention of wife abuse"⁶. These police training programs were called "family crisis intervention" (F.C.I.) initiatives (Reader's Digest, May 1977:23). These "family crisis intervention" programs were designed to train all police officers about how to deal with, and respond effectively in, cases of wife battery. Police officers were compelled to attend training courses, which featured lectures on how to deal with and protect battered women, by specialists from the courts in terms of legal procedure, by women's groups and by battered women (Reader's Digest, December 1978:186). Battered women argued that "until the police become more sensitive... to the problem of wife battery, the battered woman cannot be properly protected" (The Canadian Magazine: The Gazette, November 20 1976:8).

The politicization of the battered woman, as we can see, does not depend on one avenue, or process. Rather, these political objectives were achieved in different ways. Making the problem of wife battery a point of social and political concern took the effort of many organized women activists and battered women dedicated to the eradication of wife

⁶Quote taken from an article in Chatelaine, November 1986:128.

battery. Transforming wife battery from a 'private' issue into a 'real' problem was at its peak between 1974 and 1979. Raising public consciousness about feminist issues and concerns about the battered woman was the major effort of feminist politics during this five year period in North America. With the close of the 1970s, we see a progression towards the individualization of the problem. Wife battery begins to be re-created as a 'private' problem. It is as if history is stepping backward. Socialist feminist issues and concerns about the battered woman begin to be subordinated and diluted. To say that this occurred abruptly would be a mistake. With the introduction of the 'new' experts into the field of wife battery, feminist politics began to be muted by the those in the therapeutic community. The struggles of the 1970s, it may be argued, were dismissed in light of 'new' knowledge and research. A medical setting displaced the political setting. As a result, battered women were no longer a site of political concern, but rather a location of individual intervention. The following chapter analyzes the ability of therapeutic discourse to silence and disqualify feminist oriented knowledge defining the battered woman. As a result, battered women become a 'new' clientele for the health-care community to treat.

THE MEDICALIZATION OF THE BATTERED WOMAN: THE ESTABLISHMENT OF A NEW POPULATION TO TREAT

Introduction

This chapter is concerned with the medicalization of the battered woman. I will argue that between 1979 and 1996, the therapeutic community of experts and therapeutic knowledge subordinated a feminist point of view concerning the battered woman in the previously discussed historical period. What has resulted is the creation of a new population to 'treat'. No longer is the battered woman a political advocate. No longer is she politicized. With the addition of the 'battered woman syndrome' to the International Classification of Diseases: Clinical Modification scheme in 1979, the battered woman was officially recognized as 'ill' and introduced the therapeutic community as the expert voice informing battered women. Medical discourse interprets the experiences of the battered woman as resulting from her disordered personality.

The 'Battered Woman Syndrome' : Creating the Therapeutic Community as 'Expert'

The introduction of the therapeutic community as experts on the problem of wife battery is seen with the addition of the socio-psychological construct the 'battered woman syndrome' to the International Classification of Diseases: Clinical Modification scheme in 1979 (Dobash and Dobash, 1992:213). The year 1979, therefore, marks the break between the politicization of the battered woman and the medicalization of victims of domestic violence. Compiled by the United States National Center for Health Statistics, the list is a guide for professional therapists¹, cataloging "all known diseases and related entities"

¹ My understanding of the term 'professional therapists' includes psychologists and psychiatrists. I do so in order to make clear that it is particularly these two disciplines which are responsible for the medicalization of the battered woman. Loseke and Cahill

(Dobash and Dobash, 1992:213). The 'battered woman syndrome' became officially recognized as a psychological illness. Constructing wife battery as the result of the disordered personalities of battered women allows for professional therapists to dominate the field of wife battery because the problem becomes individualized. Battered women, therefore, become a new population to treat (Dobash and Dobash, 1992:213; Gondolf, 1988:1). Used by psychiatrists and psychologists to explain wife battery, the 'battered woman syndrome', I will argue, not only attempts to explain why women remain with their batterer, but also why women find themselves in battering relationships.

The literature surrounding the 'battered woman syndrome' cannot agree on the specific purpose of the concept. What exactly is the battered woman syndrome designed to address? Some researchers argue that the battered woman syndrome is primarily designed to explain why battered women stay within the battering relationship (Comack, 1993: 19; Walker, 1979:47). Others argue that the 'battered woman syndrome' also explains the reasons for the existence of wife battery (Dobash and Dobash, 1992:225; Schneider, 1986:216). In an attempt to explain the etiology of wife battery, therapeutic discourse reduces the issue to the unique and deviant personalities of battered women themselves (Schneider, 1986:216). The whole process of the medicalization of the battered woman disqualifies socialist feminist knowledge as legitimate in constructing victims of domestic violence. As a result, the therapeutic community of experts have the opportunity to transform battered women from political advocates in the last historical period (1974-1979) into a new population to treat.

The recognition that psychiatrists and psychologists are the new 'experts' is displayed in two ways within the data. First, I rely on the magazine references made to psychiatrists and psychologists. For example, the first reference to psychologists and psychiatrists as

(1984:296) refer to these professionals as the 'new' experts on the issue of wife battery and therefore involved in defining the battered woman.

experts on the battered woman is seen in an article published in Redbook magazine in 1979. Corresponding to the same year in which the 'battered woman's syndrome' appeared on an international list of diseases, the U.S. government, called "experts together...psychologists...[to] pool information, a new way of looking at this [wife battery] problem" (Redbook, May 1979:100). An article in The Canadian Nurse discussed the experiences faced by many Canadian battered women. The article stated that wife abuse is principally a "matter for psychologists and social workers..." (The Canadian Nurse, February 1985: 22). According to the article, the medical profession was seen as having a "pivotal role in identifying the problem of wife battery and assisting the battered wife to seek help" (The Canadian Nurse, February 1985: 22). The therapeutic community was considered the expert voice regarding the experiences of battered women. Their expertise was considered legitimate and valid. Woman-centered knowledge was disqualified as an authentic point of view informing the problem of wife battery.

The disqualification of feminist politics by therapeutic knowledge is clear within the last two decades. An interesting article appeared in Alberta Report², stating that feminism cannot be the only point of view from which battered women can be understood. The article entitled "Men Who Batter Women" relied only on the knowledge of a Calgary doctor, arguing that "wife battering has largely remained the concern of feminist social reformers. Within the past few years, however, behavioral scientists have begun to view spouse beating as a treatable, psychological ailment" (Alberta Report, July 9 1984:25). One article specifically referred to wife battery in this way: "wife abuse seems to be principally a matter for psychologists and social workers, or the police" (The Canadian Nurse, February

²The magazine Alberta Report is a neo-conservative publication with close ties to the Reform Party. Therefore, it is not representative of the mainstream media. However, it does parallel some of what is produced within mainstream media about battered women, particularly therapeutic claims about wife battery.

1985:22). The field of expertise is a very narrow one, with the primary providers of knowledge and intervention being those within the health care sector.

The Canadian federal and provincial governments and the federal Minister of Health and Welfare Canada on mental-health issues were in consultation about the issue of wife battery (Chatelaine, October 1986:48). Expanding Health and Welfare Canada's role in wife battery, the Ministry published a report in 1993 called, "The Health Care Sector's Response to Woman Abuse". The report argued that only within the last decade has the health care sector³ begun to look at "woman abuse as a serious health care issue and to consider health professionals' active role in the prevention and detection of the problem (Health Canada., July 1993:7). In fact, according to the article, "health care professionals can play [a role] in helping victims of family violence" (Chatelaine, October 1986:48). Psychologists are referenced in an article explaining how to detect a potential batterer (Glamour, October 1986:206). A psychoanalyst asks battered women why they wish to remain with men who batter them (Ladies Home Journal, April 1996:16). Reader's Digest printed an article in July 1990, claiming that new help for battered women requires the initiative of the entire community. In that community, "mental- health workers" are seen as an indispensable resources for helping battered women (Reader's Digest, July 1990:72). Murder trials in which battered women are charged with first degree homicide often include psychiatric 'expert' testimony and are seen as occurrences where therapeutic expertise dominates (Maclean's, January 31 1994: 43).

Another indicator of therapeutic expertise occurs through the use of psychological and psychiatric terminology which has dominated the explanation of the battered woman.

³According to the Report, the 'health care sector' refers to "nurses, physicians, community health care workers, social workers in health facilities and health organizations (hospitals, clinics, community health organizations and mental health services)" (Health Care Canada, "The Health Care Sector's Response to Woman Abuse". June 1993:7).

The concepts and adjectives used within the psychological and psychiatric literature about the battered woman do not differ significantly from those concepts and adjectives observed within magazine articles (Loseke, 1989:197). Battered women, as reflected in the data, are defined to be in a state of “chronic trauma”, “chronically depressed”, “ill”, “hysterical” and “crazy” (Redbook, May 1979:104; Maclean's, January 1983:40-41; Maclean's, September 1986:20; Glamour, April 1994:160). These individualized labels attached to the battered woman stem from the ‘battered woman syndrome’ which portrays battered women as victims of their own disordered personalities (Dobash and Dobash, 1992:224; Stark and Flitcraft, 1996:171).

The introduction of the therapeutic community as the ‘expert’ in understanding wife battery has resulted in the medicalization of the battered woman. The political advocacy which defined battered women in the last historical period is subordinated by an emphasis, in explaining wife battery, on the psychological make-up of battered woman. Constructing battered women as a new population to treat constitutes a disturbing response by the therapeutic community of experts to the needs of battered women.

The Therapeutic Response to the Battered Woman

The way in which the therapeutic paradigm understands the problem of wife battery determines its response to the battered woman. Orthodox psychology and psychiatry, when dealing with issues and problems affecting women, have traditionally found fault with women themselves. That is, those adhering to a therapeutic narrative surrounding the battered woman have a woman blaming mentality (Mitchinson, 1993:399). The therapeutic response to battered women as being masochistic, provocative, and in need of long term therapy and medication is evidence of this ‘woman blaming’ tradition. I begin this section by discussing the construction of the ‘ideal’ battered woman since this construction is understood as the basis for the other responses directed toward the battered woman.

The boundaries which define the battered woman reflect the therapeutic belief that wife battery is reducible to a group of psychologically unique and deviant women. The psychological and psychiatric literature explain the creation of an 'ideal' battered woman by relying on the concept of 'learned helplessness'. Developed to answer the question "why does the battered woman stay?", the learned helplessness theory is used to understand the etiology of wife battery. The development of the 'ideal' battered woman as passive and helpless explains her construction as masochistic and provocative (Dobash and Dobash, 1992:221; Koss, 1994:36).

The seeds of learned helplessness, which define the 'ideal' battered woman as passive and helpless, are understood to have been sowed in a woman's childhood. Women who have a "rigid sex role socialization,... a benign, paternalistic, "Dresden doll" kind of upbringing, and early slavish adherence to demands to fulfil the wishes of males", develop coping strategies which allow for them to survive within stressful situations (Dobash and Dobash, 1992:225). Feelings of passivity and helplessness develop in adult life. the argument goes, apparently in women's relationships with men. When this relationship is a violent one, she draws on the coping strategies learned in childhood to deal with the violence. Battered women feel powerless to control or influence their lives as the violence continues. According to Walker (1979:48), "women who have learned to expect battering as a way of life have learned that they cannot influence its occurrence". Therefore, the battered woman becomes "psychologically paralyzed" (Walker, 1979:48). This altered psychological state leaves the battered woman passive, helpless, depressed and with a low self-esteem (Comack, 1993:19; Gondolf, 1988:12).

Media-based constructions of the battered woman parallel and reflect therapeutic knowledge. References by psychologists and psychiatrists cited in the articles included terms like, "the typical battered woman", "archetype of the battered woman", and "daring to seem normal" (Glamour, August 1983:313; Maclean's, February 27 1989:9; Chatelaine,

November 1992:44), to illustrate the 'ideal' battered women. Chatelaine magazine published an article in 1981, written by psychiatrist Gail Erlick Robinson, which addressed a question from a battered woman asking for help in coping with violence. In developing her response, Dr. Robinson relied on the work of an associate clinical professor of psychiatry at New York University Medical Center, Dr. Symonds, to discuss the definition of the 'battered woman'. According to Dr. Symonds, battered women are "like victims of brainwashing...leav[ing] her without will and feeling hopeless" (Chatelaine, July 1981:26). Therapeutic constructions of the 'ideal' battered woman prevailed in a Maclean's article. Discussing the trial of Lorena Bobbitt, the woman who received world-wide recognition for cutting off her husband's penis, the article reports her characterization by psychiatrist Dr. Susan Feister. At Bobbitt's trial, Dr. Feister described her as being a "typical battered woman...suffering from major depressive disorder...posttraumatic stress disorder and she suffered from an anxiety disorder" (Maclean's, January 31 1994: 43).

Convicted of murdering her batterer, another battered woman is described in an article as "suffer[ing] from the typical symptoms of what psychologist Lenore Walker, Ph.D., an expert on domestic violence, named the battered woman syndrome (BWS)..." (Glamour, April 1994:160). An article published in Ms magazine in July/August of 1993 uses a California murder case as the backdrop to discuss battered women. The article stated that experts have been brought in by the courts in cases where women are accused of killing **their** abusers to understand why battered women themselves resort to violence. The legal literature which deals with this issue suggests that the experts brought in during these trials are psychiatrists and psychologists who have extensive experience working with and treating battered women (Mahoney, 1991:36,37; Schuller and Hastings, 1996:169). According to the article in Ms magazine, the 'ideal' or 'good' battered woman was understood to be "submissive, humble, ingratiating, nonassertive, dependent, quiet, conforming, and selfless" (Ms, July/August 1993: 89). In the murder case presented in this article, the expert witnesses

upheld and reinforced this image of the 'good battered woman'.

Finally, in the Globe and Mail's coverage of the trial of Calgary socialite, Dorothy Joudrie, psychiatrists and psychologists testified that Joudrie was "suffering from a mental disorder" when she attempted to kill her abusive husband. The article further stated that the trial judge, upon the recommendation of the experts, placed Mrs. Joudrie "in [a] mental institution...where she faces a psychiatric assessment...until she can prove she is not a risk to society" (Globe and Mail, May 11 1996: A1). In constructing an 'ideal' battered woman, the focus is on the woman within the violent relationship. The battered woman is the problem.

The construction of an 'ideal' battered woman as passive, helpless, depressive, and mentally ill, justifies the creation of battered women as masochistic and provocative, and the requirement of therapy and medication in hopes she will be cured. The literature has made reference to the fact that the battered woman's passivity and helplessness is seen as evidence for her masochistic and provocative personality (Dobash and Dobash, 1992:221; Gondolf, 1988:14; Koss, 1994:36). Looking to her background and psychological make-up for an explanation for the existence of wife battery, and developing a rigid and narrow category of the battered woman, limits the type of response the therapeutic community can offer.

The Battered Woman as Masochistic

The medicalization of the battered woman begins with understanding the reasons for wife battering. Why does wife battery occur? While other frameworks have focused on social factors⁴, a therapeutic framework emphasizes the personality disorders of the women living with violent men (Dobash and Dobash, 1992:235-242). Therapeutic accounts attempting to

⁴I am making specific reference to a socialist feminist framework which understands wife battery as being the result of social and political factors, such as the history of male domination, economic constraints, or the socialization of gender roles. See Chapter Three. 'The Politicization of the Battered Woman.'

explain wife battery point to, as the literature has labeled it, “masochistic personality disorder” (Dobash and Dobash, 1992:221; Koss, 1994:37; Petretic-Jackson and Jackson, 1996:193). The therapeutic belief that battered women are masochistic stems from the theory of learned helplessness, which underlies the battered woman syndrome (Dobash and Dobash, 1992:227; Gondolf, 1988:14). Learned helplessness, according to the literature, speaks to the battered woman’s lack of control and feelings of passivity and helplessness in the face of repeated and severe violence (Comack, 1993:19). She becomes, according to Walker (1979:48), “psychologically paralyzed”. The inability of a woman to act against, or protect herself from the violence is translated as her masochistic personality (Gondolf, 1988:14).

This passivity is rooted in a women’s childhood, her rigid sex role socialization, and her attempts to fulfil the demands of and wishes of males. Under these conditions, women develop an inability to fight back, therefore, becoming helpless (Dobash and Dobash, 1992:225). These characteristics develop and become full-blown in her adult relationships with men. Learned helplessness helps us understand the tendency of psychologists and psychiatrists to examine the battered women’s “unique background and permanent personality traits that make women vulnerable to violent relationships” (Dobash and Dobash, 1992:224). Although not developed to imply masochism, the theory of learned helplessness has been extended to do so (Comack, 1993:19; Dobash and Dobash, 1992:225; Walker, 1979:48).

Adhering to the dominant and traditional therapeutic model, psychologists and psychiatrists argue that women who are abused by their partners unconsciously seek out, and are drawn to, violent men because of their masochistic personality (Dobash and Dobash, 1992:221; Stark and Flitcraft, 1996:19). The psychological literature on wife battery makes it very clear that women are not in violent relationships because they suffer from a history of male domination or economic constraints. Instead, they argue, these women have experienced violence in their childhoods and are now seeking that experience in their adult lives. Psychiatrist J.J. Gayford, who was called by the Select Committee on Violence in

Marriage in 1975 in Britain to provide knowledge about the issue of wife battery, speculates on the causes of wife battery:

A few women present as extremely damaged personalities who will need long term support with their children. Often they need protection from their own stimulus-seeking activities. Though they flinch from violence like other people they have the ability to seek violent men or by their behavior to provoke the attack from the opposite sex⁵

The 'experts' have translated the unique backgrounds of these women, characterized by violence during their childhood, into a desire for violent men and violent relationships. Psychoanalyst Dr. Natalie Shainess (1984:127) argues that learned helplessness is really another term for masochism:

Masochistic women DO do things that make them more vulnerable than they need to be. They DO send out messages signaling inadequacy, helplessness, and fear, which in a dangerous situation may make them more powerless than they need be. No one does women a favor by denying this. The term "masochism" has been in use for so long, both generally and professionally, that I think it is useless to try to eliminate it.

Also, attempting to explain the existence of wife battery, she argues that "masochistic syndrome makes certain women especially vulnerable to exploitation and violence: "...I do believe that the victims of violent crime may sometimes play a part in triggering or exacerbating those crimes" (Shainess, 1984:125). In addition, Richard W. Swanson.

⁵Parliament, Report from the Select Committee on Violence in Marriage, 1975:37.

clinical instructor in Obstetrics and Gynecology at the University of Saskatchewan, states in an article for the Canadian Medical Association that the therapeutic community responds to wife battery by “blaming her [the battered woman] as inviting the violence” (Swanson, 1984:710). This blame is reinforced by therapist Robin Norwood (1988:93) who argues that the responsibility for wife battering is located within the masochistic tendencies of battered women themselves. Norwood (1988:93) states that battered women “choose dangerous men and dangerous situations”. Believing that intense psychiatric treatment for women in violent relationships constitutes the only resolution of wife battery, Norwood and most other psychologists and psychiatrists adhere to a therapeutically oriented framework for understanding wife battery. These professionals reject the notion that the phenomenon is a social concern by conceptualizing it as the psycho-pathological problem of battered women themselves (Dobash and Dobash, 1992:222).

The empirical data collected for this chapter shows that, between 1979 and 1996, the dominant explanation of wife battery relies on the therapeutic claim that women who experience violence are responsible for their own situations because they ‘like it’. One article presents the stories of two battered women who are trying to understand why they were beaten by their husbands. The dominant explanations are offered by a doctor, a child abuse expert, a forensic psychiatrist, and a therapist. The article in Chatelaine magazine does something that no other article in the sample had done. In discerning the problem of wife battery, all the noted ‘experts’ place the onus of responsibility directly with the battered woman herself by constructing her as masochistic. Relying on the expertise of an American therapist who dominates the article, Carol Victor argues that “the battered wife is not blameless. Whatever is happening, it is satisfying some unhealthy need that should be clarified” (Chatelaine, May 1981:129). Suggesting that women who are beaten are

‘unhealthy’ reinforces the therapeutic position that the problem of wife battery can be reduced to the masochistic personalities of women who attract violence to themselves. By searching for violent men and violent relationships, masochistic women are able to satisfy their abnormal need (Norwood, 1988:93).

Constructing the battered woman as masochistic within public consciousness is seen within the last two decades. An article published in Glamour magazine in August of 1983, attempts to answer the question “why do women stay with men who beat them?” by offering the dominant understanding based on the knowledge of a licensed marriage and family counselor and a certified sex therapist, Dr. Laura Schlessinger, and a clinical director of a family and friends counseling center, Gloria Hirsch. Commenting on the story of two battered women, and why, after repeated beatings, they “took them back”, Dr. Schlessinger and Gloria Hirsch argue that “wom[en] [are] subconsciously attracted by that violent side...” (Glamour, August 1983:365). Dr. Schlessinger reinforces the expert knowledge of counselor Gloria Hirsch by stating that “the man who displays thinly veiled violence is often perceived as powerful, therefore sexy”. In fact, the sex therapist, reinforces the therapeutic belief that women choose dangerous men and dangerous situations” (Norwood, 1988:93). Dr. Schlessinger states that, “if the marriage is the woman’s fourth or fifth relationship, it’s quite likely that she left a man or two who didn’t abuse her, and ended up marrying the one who did” (Glamour, August 1983:365). The knowledge provided by these two experts clearly implies that women who are beaten by their partners enjoy the violence they endure and purposefully seek out violent men and violent situations in order to “[satisfy] their neurotic needs in a destructive way” (Glamour, August 1983:365).

The experts label women as ‘battered’ and understand those women to be masochistic. Therefore, they see these women as having serious psychological problems

because they themselves invite the violence (Swanson, 1984:710). The battered woman is constructed as 'ill', with the 'illness' being her masochistic personality. An article in Chatelaine magazine published in November of 1995 used the story of one battered woman to argue that women who are labeled as 'battered women' suffer from a psychological disorder. This article states that "disturbing testimony about her sadistic sex life" is the reason for the abuse of women at the hands of their partners. They enjoy it (Chatelaine, November 1995: 100).

The psychological literature notes that one strong piece of evidence indicating that battered women suffer from 'masochistic personality disorder', is the return of a battered woman to her batterer. Even after a beating, she declares that "she loves him", or that she is willing to suffer within the relationship because she wants the marriage to work (Dobash and Dobash, 1992:222; Koss, 1994: 36). Article after article depicts almost all the battered women who return to their violent husbands as returning not because they experience economic constraints or lack of shelters, but because "they love him" or want the marriage to work, regardless of the violence. After a severe beating which left Anne bruised, depressed and frightened, she said that she did not leave because "she loved him; she wanted to marry him...so she forgave him" (Glamour, August 1983:312). Another battered woman, beaten throughout her fourteen year marriage "struggles to hold their marriage [together]" (Maclean's, March 5 1990:46). Shaking, three days after being beaten by her partner, one woman says "I love this guy...in between the attacks, he can be a very loving man. I keep hoping he will change" (Maclean's, December 13 1993:56). Another beaten woman says, "I couldn't believe that the man I loved would do this to me...[I] felt sorry for him..." (Chatelaine, November 1992:44). One battered woman featured testified on behalf of her violent boyfriend, who police said assaulted her. She argued that "I am going to stand by

him” (Maclean’s, June 24 1994: 43). The arguments given by battered women for why they remain in the violent relationship are construed by psychologists and psychiatrists as disordered interpersonal characteristics, rather than situational causes, like economic constraint or lack of adequate housing (Koss, 1994: 36). Mental health authorities blame battered women for the violence they endure because their disordered personalities render them ‘ill’.

In defining the battered woman, the therapeutic paradigm also transforms the way in which male violence is understood. During the 1980s, male violence became constructed as the responsibility not of the male himself, but rather of the female figures in his life: his mother and the women in his adult life. This removal of responsibility shows that not only are women blamed for being battered, but also for the *existence* of male violence. Violent men, according to therapeutic accounts, are “victims of their past experiences at the hands of women, usually their mothers, and of wives in their current relationships” (Dobash and Dobash, 1992:236). Male violence, therefore, is understood to be the fault of women. As such, all attempts to stop wife battery, according to therapeutic claims, require the focus of intervention strategies on women, and these women are told to change their behavior in order to end the violent behavior of men.

The Existence of Male Violence: Poor Mothering and Provocation

An interesting trend begun in the 1980s illustrates another way in which therapeutic ‘experts’ place the responsibility of wife battery on women themselves. During the 1970s, male violence, as understood by a pro-feminist framework, was the responsibility of the batterer. Today, male violence is attributed by the therapeutic community to poor mothering and provocation (Dobash and Dobash, 1992:236; Koss, 1994:9). Therefore, not only are

battered women responsible for the problem of wife battery, but also for the *existence* of male violence. The therapeutic literature dealing with the problem of wife battery describes therapeutic practitioners who “concentrate on the characteristics of women”, rather than men with violent behaviors (Dobash and Dobash, 1992:235), and thereby shift the responsibility for violence to women. Therapeutic accounts claim that men who batter women are the victims of a disrupted childhood and poor mothering and that they are victimized again, in their current relationships, by the woman’s personality disorder (Dobash and Dobash, 1992:235-240).

According to therapeutic claims, the responsibility of male violence is never owned by the batterer. In an article published in the May 1979 issue of Redbook magazine, the lives of numerous battered women are discussed and debated among various psychiatrists and psychologists from all parts of the United States. The article introduces the ‘experts’ on wife battery as “sociologists, psychologists, activists and abused women themselves” (Redbook, May 1979:100). It presents the knowledge offered by three psychiatrists as the only voice to answer the question, “why do men batter their wives?” The other ‘expert’ voices are muted in favor of the psychiatrists’ expertise; the three psychiatrists unanimously agreed that the violence women endure was attributable to the psychological problems of the perpetrator who is “emotionally insecure...who most likely has experienced violence in his own home as a child” (Redbook, May 1979:102). These experts produce an image of violent men as “child-like...and yearning for nurturance” (Dobash and Dobash, 1992:238), which is consistent with the academic literature written by and for medical professionals, who conceptualize violent men as being “anti-social...personalities resulting from rejection and inadequacy in childhood” (Dobash and Dobash, 1992:237). The batterer’s ‘anti-social’ and violent behavior is understood to be the fault of poor mothering.

The role of the mother in the development of male aggression has become a point of debate within the last decade. One Canadian article published in the 1980s on the subject of wife battery does something that has not been attempted before. The lives of two battered women are examined in search of the question, "why does wife battery occur?" The explanation of male violence is dominated by the expertise of a medical doctor, a psychiatrist, and a therapist. Dr. James Prescott, of the National Institute of Child Health and Human Development in Bethesda, Md., strongly argues that the parenting of a male will greatly influence whether or not he will become violent in adult life. Relying on the argument that "human infants...who are deprived of sensory stimulation during the formative period of brain development...predisposes these children to pathologically violent behavior" (Chateleine, May 1981:124), and recognizing that women are the primary care givers and nurturers of children (Mackie, 1994:109), the article insinuates that poor mothering makes men prone to develop a violent behavior. This is illustrated by the reference that "parenting is without doubt the most important influence on the emotional growth of the child", and that primary candidates for the role of 'poor mothering' are, according to psychiatrist Dr. Seiwyn Smith, director of forensic psychiatry at Royal Ottawa Hospital, "young, unwed - or at least 'immature' mothers" (Chateleine, May 1981:128). The violence expressed by Mark, a batterer featured in the Chateleine article, is explained by the panel of experts as follows: his mother regularly beat Mark with a shoe when he was a young child...[his] emotional life was seriously troubled" (Chateleine, May 1981:122).

Yet another batterer's violent behavior towards his wife is rationalized by the psychiatrist as himself [the batterer] being beaten severely by his father [but] blaming his mother for the beatings, blamed her for telling his father stories - the wait- until- your- father-comes home technique..." (Chateleine, May 1981:123). Another article in Glamour

magazine features a psychologist at the University of Minnesota providing an answer to the question and title of the article, "How to Recognize a Potential Batterer". Focusing on the dynamics of the family life which produce a batterer, Dr. Byron Egeland argues that "battering men tend to come from battering families" and that "women [should] look at how a man treats his mother..." as an indication of how he will treat the woman in his adult life (Glamour, October 1986:212). Egeland insinuated that not only is the batterer's behavior towards his mother a sign of his future behavior towards his wife or girlfriend, but also that the mother herself is responsible for the violent behavior of the male.

Violent men are produced, by a therapeutic model, as the victims of their past experiences at the hands of women. An article printed in Chatelaine magazine in November of 1992 was one of the first to label batterers as "victims" of their childhoods (p.98). Another article labeled violent men as "antisocial" because they experienced or witnessed violence in their childhood (Globe and Mail, June 23, 1994: A19). One article published in Chatelaine magazine in November of 1995 stands out in the creation of the battered woman as deviant. This article is the first one within the sample which argues that "a lot of family violence is committed by women" (Chatelaine, November 1995:99). The article suggests that society must stop and consider the violence perpetrated by women within the home, from child abuse to "husband battering" (Lucal, 1997:109). In an attempt to shift the blame for wife battery onto women, the article begins by quoting a Liberal senator who states that, "behind every abusing husband is an abusing mother" (Chatelaine, November 1995:100). Male violence is transformed into the responsibility of the abusive mother. It is no longer seen as a chosen behavior, but is instead rooted in the perpetrators experience with poor mothering. This claim is supported by a Toronto psychologist, cited in the article as 'expert', who reinforces the poor mothering argument:

Women are often solely responsible for their offspring, and spend much more time with their children than men do. It is caregivers who assault more children, and it is women who are, by far, most of the caregivers...we are infantilizing these women, we are not holding them responsible

(Chatelaine, November 1995:102).

The claim made by Dr. Fred Mathews reflects traditional orthodox psychiatry and psychology's emphasis on the individual psycho-pathology of women as the cause of their problems and issues. All the female figures in the male's life are given the responsibility for his violent behavior.

Mental health workers rarely see the batterer as acting out of choice, but as suffering from "post-traumatic stress disorder", brought on by an abusive childhood (Globe and Mail, January 30 1993: A8) and by an "insecure attachment to Mum...experience of an abusive environment" (Globe and Mail, November 2 1995: A24). One article presents a marriage and family therapist in Huntington, New York, reiterating the therapeutic claim that poor mothering is the reason for male violence. Paul Moschetta, D.S.W., relying on his interviews with battered women, refers to a case where "John's mother tried as best she could to keep peace in the house, but she never had the strength to stand up to her husband. Violence came to be so ordinary that she excused her son's abusive behavior toward Nina [his wife]" (Ladies Home Journal, April 1996:22). In this case, poor mothering is identified as the inability of the mother to protect her son from the violence in the home. The mother figure is constructed as weak, and is therefore blamed for John becoming a violent husband. The mothers of violent men are constructed as "deviant" as are the women these men now batter.

The Battered Woman as Provocative

A therapeutic narrative responds to the battered woman by constructing her as provocative, since therapists believe that her behavior triggers male violence. Psychologists and psychiatrists greet battered women with the question, "what did you do to provoke him?" (The Canadian Nurse, February 1985:21). Provocation, also referred to as "victim precipitation" (Koss, 1994:9), is believed to be the reason why men are violent towards their wives. The guilty party finds it easier to blame his victim for his own behavior, and, in this case, the battered woman is blamed for the behavior of the man. Her behavior is scrutinized as the reason for the violence of men towards the women in their current relationships. Men, therefore, are detached from their violent behavior. The battered woman is blamed. Even in light of the research which shows that the behavior of women in violent relationships is not responsible for male violence, therapeutic claims continue to present this 'fact' as true (Koss, 1994:37). In one such study, Hotaling and Sugarman (1986:118) conclude that no empirical evidence exists to confirm "that the statuses a woman occupies, the roles she performs, the behavior she engages in...influence her chances of intimate victimization". Yet we see this belief produced and reproduced, not only within the psychological and psychiatric literature, but also within the public.

The power of the therapeutic framework to influence other discourses about the battered woman extends medicine's influence over our everyday lives. An article appeared in Alberta Report in May of 1984 which illustrates the therapeutic belief that the behavior of the battered woman is the reason for male violence, not only within a health care setting, but also within the courts of this country. A case of wife beating appeared before the Alberta Court of Appeal, in which a man was charged with assault causing bodily harm in December of 1983. The batterer, who had "kicked his wife and broken her elbow", was excused by

Chief Justice McGillivray, on the grounds that she “acted like a complete shrew” (Alberta Report, May 28 1984:47). Chief Justice McGillivray justified his decision with the argument that Mrs. Hadly “screamed in front of the children and habitually insulted her husband. Eventually he slapped her... He [Mr. Hadly], says not to hurt her, but to smarten her up...in any event a bone was broken in the elbow”. The one who needs treatment, according to the judge, is not Mr. Hadly (Alberta Report, May 28:47-48). Many legal authorities believe that a man is justified in using violence against his wife if she was found to provoke him (Quigley, 1991:224). Men themselves blame the behavior of their wives for their violent attacks.

Justifying male violence as the result of the behavior of the battered woman has been voiced by batterers themselves. Glamour magazine published an article which featured the stories of abusive men: “How I realized I was dangerous”. Six men, from different parts of the United States, are featured in the article. The first four men describe how they finally realized they were doing something wrong and subsequently decided to “walk into a men’s program” (Glamour, November 1994:91). The last two men justify their violent behavior. Paul, a forty year old man from Maryland, described being exhausted from a long day, and his wife “started yelling at me... I tried to leave the room, and she grabbed me, tore my shirt and spit in my face”. This, according to Paul justified his “haul[ing] her off and slugg[ing] her” because he could not “handle the humiliation anymore” (Glamour, November 1994:91). The last man featured in the article was an anonymous forty-two year old batterer from Florida. Describing the day of the violent attack on his wife, he says that he could not take anymore of her “cutt[ing] me down and mak[ing] me mad - on purpose...” (Glamour, November 1994:91). These men understand provocation by their wives as justification for their violent attacks.

An article appearing in the Globe and Mail in June of 1994 presents two types of abusers: a hot-tempered abuser versus a cold-blooded batterer. According to psychologist Dr. Holtzworth-Munroe, men who strike their wives do so because of any sign that “she’ll abandon him” (Globe and Mail, June 23 1994: A19). Her behavior, therefore, as represented through her decision to stay or leave the batterer, is the cause of this violent rage. A young married couple is featured in an article published in Ladies Home Journal magazine in April of 1996. Entitled, “He Hit Me”, it begins with the story of Nina, a battered woman, followed by the perspective of her husband, John, and concludes with a marriage and family therapist’s advice. Nina describes the violence that plagued their three-year marriage. Stories of how he “grabbed the back of my sweater as I was walking upstairs, dragged me down three steps and smashed my face into the wall”, illustrates the violence endured by Nina (Ladies Home Journal, April 1996:16). She goes on to say that she does not believe that their marriage can survive, but she owes it to their daughter “to try” (Ladies Home Journal, April 1996:20). At this point, John’s story is presented. He begins by reflecting on his childhood, portraying his father as “a brute...[who] was always screaming at me and my mother” (Ladies Home Journal, April 1996:20). He remembers how he first met Nina, and then his story of the violence begins. John begins by justifying himself: “Nina gives as good as she gets. She baits me. Her complaints ringing in my ears from the moment I walk through the door: ‘Pick up your clothes, clean the fish tank, stop tracking dirt into the house. She is like a tape recorder on an endless loop’...that pushes my buttons...I took crap from him [my dad] my whole life, I’m not going to take it from anyone else - certainly not my wife” (Ladies Home Journal, April 1996:20).

Thanksgiving becomes another time when violence erupted in their home. John recalls how Nina “went ballistic” because he called to say that he would be late for

Thanksgiving dinner. In response to this news, John says that Nina “started screaming so loud, that I had to hold the phone away from my ear. It was embarrassing. Everyone in the kitchen heard me getting scolded” (Ladies Home Journal, April 1996:20). When John did come home, he says that Nina “smacked me across the face, started hammering me with her fists...that’s when I lost it” (Ladies Home Journal, April 1996:20). Paul Moschetta, a marriage and family therapist in New York, provides the ‘expert’ voice within the article. Focusing on a few causes of the violence, for example, the fact that both came from abusive backgrounds, the therapist makes it perfectly clear that John is not a “hard-core abuser” and that his rage “comes spewing forth [because] Nina had a short fuse...she would lash out ... with hurtful words and mimicry” (Ladies Home Journal, April 1996:22). The therapist clearly stated that Nina’s provocative behavior caused John to use physical force against her. The therapist argues that in order for the violence to stop, “it was essential for Nina to understand her role in the marital dynamic” (Ladies Home Journal, April 1996:22). Change for Nina was seen to depend on her acquisition of the ability to “express her needs calmly and clearly”, and “to feel more loving toward John” (Ladies Home Journal, April 1996:122). Her willingness to change is expressed as the primary way for the violence in their marriage to stop: Nina is the key to the problem of violence and the reason for John’s battery.

The Treatment of the Battered Woman

Therapeutic intervention into the problem of wife battery centres on the treatment of the battered woman. Constructing wife battery as a personal rather than a political problem, battered women become a new population to treat. The underlying philosophy of therapeutic treatment aimed at the battered woman is that she causes her own situation. The construction of the battered woman as masochistic and provocative reinforces the conviction that women

who are battered are responsible for the violence they endure. Without a thought for any social or political factors, psychologists and psychiatrists treat battered women as a therapeutic case. The battered woman enters the psychologist's or psychiatrist's office as "someone to cure", through physician's referrals across this province (Health Canada, 1993:12; Stark and Flitcraft, 1996:13).

In fact, the battered woman is sent to the therapeutic setting by the doctor who treats her at the emergency room of the hospital. Women who are battered often do not telephone the police after a beating, but they will go to the emergency room for treatment of their injuries (Stark and Flitcraft, 1996:8). When entering the emergency room of a given hospital, these women are usually exhibiting bruises, bloodied faces, fractures, broken bones and an array of other physical injuries (Loseke, 1989:194). Within the medical setting, these injuries are understood as a serious problem. A woman coming to the hospital with these types of injuries is considered a valid medical case. A medical paradigm, which differs from a therapeutic framework, is based on a mandate of 'allopathic medicine'. This means that all diseases have a biological origin and should be "manipulated in individual pathophysiology" (Stark and Flitcraft, 1996:14). Any and all health conditions, even health problems attributable to poverty or child abuse, are investigated on the basis of biological etiology. The medical narrative remains deaf to the complex social and political factors which may influence and result in a given health condition (Dobash and Dobash, 1992:215; Mitchinson, 1993: 402). Therefore, doctors investigate the injuries that the battered woman has sustained through physiological tests of her condition. That is, tests are run to determine the health of her blood or to detect any metabolic disorders that might explain the fractures or bruising.

It is important to remember that the battered woman in most cases, is not likely to tell the physician the real source of her injuries (Schechter, 1982:54; Stark and Flitcraft,

1996:8). Fear keeps her from telling the medical physician that her intimate partner has abused her. Often, the abuser will accompany her to the hospital which undoubtedly guarantees the battered woman's silence (Gondolf, 1988:12). Unable to find anything physiologically wrong with her, the physician will dispose of the battered woman as a psychiatric problem. A study conducted by Stark and Flitcraft (1996:13), which looked at the medical response to battered women, shows that psychiatric referrals for nonbattering injuries followed 4 % of the time, while injuries caused by abuse resulted in referrals 15 % of the time. Physicians referred battered women to mental hospitals, clinics, psychiatric facilities, or community mental health centers^o. To highlight this point, I use an article that appeared in The Canadian Nurse magazine in February of 1985. This article shows what the medical profession was thinking during this historical period with respect to the treatment of the battered woman. Recognizing that nurses have a pivotal role to play in helping to stop wife battery, the article clearly states that "new counseling techniques and new active intervention on the part of professionals can help to break "the vicious cycle"" (The Canadian Nurse, February 1985:21). The battered woman becomes a patient of the psychologist or psychiatrist.

The therapeutic experts offer two types of treatment to battered women: counseling and medication. The treatment of the battered woman, through the application of medication or therapy, is intent on keeping the family unit intact (Stark and Flitcraft, 1996:24; Walker, 1990:77). As Swanson (1984:711) states, "the aim of treatment...is to terminate the violence, not necessarily the marital relationship". The frequent fights at home, where it is believed women have some decision-making responsibility, are dismissed as a consequence of her

^oFor a detailed discussion of this study and its results, see Evan Stark and Anne Flitcraft (1996) Women at Risk : Domestic Violence and Women's Health. Thousand Oaks : Sage Publications.

emotional disorder. She is battered because she is provocative or suffers from a masochistic personality disorder. She is pathological, and, therefore, she is the focus of the treatment. Family dynamics are left intact⁷. Therapy is aimed at lifting the battered woman's self-esteem, breaking the 'cycle of violence', and helping her to accept responsibility for the violence. Appropriate counselling "centres on the development of a new self-concept" (Swanson, 1984:711, 712). The battered woman is the focus of the treatment.

Treatment of the battered woman is identified by the public as the resolution to wife battery. The first article within the sample which expresses the need for battered women to receive counseling or therapy, appeared in Chatelaine magazine in May of 1981. The story of one couple is presented. The violence Laurie endures from her husband, Mark, is examined by a physician, a forensic psychiatrist, and a therapist. All agree that Laurie needs extensive therapy and needs to see "an analyst" to build up her low self-esteem, and to stop the violence (Chatelaine, May 1981:123). Another article presents a letter sent by a battered woman asking for advice about what she should do about the violence. In response, psychiatrist Dr. Robinson, advises that she go to a "counseling agency" to get help (Chatelaine, July 1981:26). Advice on leaving the battering male is offered as a final, if not desirable, option. Dr. Robinson states, "finally, you might consider leaving your husband" (Chatelaine, July 1981:26). The abuse is the fault of the battered woman. She is responsible for changes to her behavior.

The world was glued to television, magazines or newspapers featuring the story of Joel Steinberg and Hedda Nussbaum. Their life became headline news. Maclean's magazine published a story about the couple on February 27, 1989. Years of physical violence endured

⁷By 'family dynamics' I mean male domination and female subordination within the home (Hilton, 1989:315).

by Nussbaum resulted not only in her acquisition of a “weariness that would never retreat”, but also in the death of the couple’s adopted daughter Lisa. Ironically, although Steinberg was charged with manslaughter, wife battery as a criminal charge was not pursued. However, in response to the violence and death of her child, Hedda Nussbaum was “hospitalized for a psychiatric evaluation”, while Steinberg faced a trial (Maclean’s, February 27 1989:9). The battered woman, in this case Nussbaum, and not the abuser, was seen as the focus of therapeutic intervention. He was a problem for the courts, not the psychiatrist. Another battered woman, by the name of Joan, received “counseling to repair her shattered self-esteem” after years of severe physical violence (Chatelaine, November 1992:44).

The use of medication is another therapeutic response towards the battered woman. According to Swanson (1984:710), “the use of neurotropic drugs is common among battered wives...antidepressants or tranquilizers”. Also, in their study, Stark and Flitcraft (1996:21) found that nearly 1 in 4 battered women received “minor tranquilizers or pain medications”, compared to 1 in 50 nonbattered women. The prescription of pain medication or tranquilizers for battered women isolates and reinforces their identity as suffering from an emotional disorder. Although the empirical data presents therapy or counseling as the primary ‘solution’ for wife battery, the prescription of medication did appear in an article in Maclean’s magazine. The stories of four battered women are featured. Each tells of the violence she endured, with one battered woman serving a six-year sentence for manslaughter in the Kingston Prison for Women. Another article presents an anonymous battered women who remembers the beatings from her husband. She recalls how the psychiatrist “put me on Valium and said that the abuse was my fault” (Maclean’s, December 13 1993:60). The dominant response to the battered woman in terms of treatment is the perscription of

psychological and/or psychiatric therapy or counseling. Through this response, the battered woman is reinforced as suffering from a personal problem.

The fact that the therapeutic setting reinforces a doctor/patient relationship maintains the problem of wife battery as a personal problem. Doctor/patient privilege ensures that whatever the woman and her therapist say is kept private. Only the psychological and emotional problems of the battered woman are explored. The therapeutic model does not mention the social or political factors, such as, economic entrapment or male domination, which contribute to the problems faced by the battered woman. The health problems that women face as a result of the violence, from broken bones to possible death, are not viewed in social, cultural, or economic contexts. Instead, the injuries are seen as a result of an emotional disorder located with battered women themselves. Therapeutic accounts of the battered woman, as masochistic, provocative, and in need of therapy and medication, isolate psychologists and psychiatrists as the experts on wife battery. Limiting the problem of the battered woman to her own personal problems leaves no room for other perspectives. All other voices are silenced and disqualified. The therapeutic community of experts become the source of knowledge and treatment. The battered woman becomes its new focus of intervention.

CONCLUSION

In this thesis, the experiences the battered woman faces as a result of domestic violence have been interpreted by a socialist feminist framework. Her position as a victim of domestic violence is understood by feminism as the result of a socio-political system shaped and defined by class and gender relations. The interconnection between capitalism and patriarchy are viewed by socialist feminists as legitimatizing the existence and maintenance of wife battery throughout history. Arranging the social, political, and economic system in relation to the interests of production and reproduction maintains a boundary that defines legitimate and valid social responses to the problem of wife battery. Inherent within the interests of capitalist patriarchy is the issue of power. The power of a system shaped by sexism and capitalism is its ability to define issues and public consciousness in such a way as to not disturb the interests of capitalist patriarchy. As such, the displacement of the battered woman from the political setting towards a therapeutic context has been discerned by a socialist feminist framework as resulting from the power of capitalist patriarchy to focus attention and responsibility away from itself. This is done by disqualifying alternative knowledge attempting to place blame with the existing social and political order.

The whole process of the medicalization of the battered woman disqualifies feminist knowledge as a legitimate and valid interpretation of her experience. We have seen that at the close of the 1970s in North America, socialist feminist issues and concerns about the battered woman began to be subordinated by those offered by the therapeutic community of experts. The politicization of battered women was replaced by terminology and knowledge held and exercised by psychiatrists, psychologists, psychoanalysts, and others with therapeutic training. An underlying

theme within this thesis has been to show that discourse, whether feminist or medical, has the power to shape and define public consciousness. The ability to do so rests on the presence or absence of more mainstream knowledge. Feminism has always been seen as an alternative or revolutionary way to understand the world. History can supply us with numerous examples which attest to the marginalization of feminist inspired knowledge informing an issue or problem affecting women. Smart's (1992) analysis of the regulation of 'Woman' by medical discourse clearly shows that Victorian feminists were disqualified as legitimate sources of knowledge and information surrounding the lives of women. Due to the introduction of medical physicians into the areas of abortion and birth control, 'Woman' quickly became a site of medical surveillance and regulation (Smart, 1992:7). As a result, people's perception about 'Woman' changed from being one extolling purity and innocence to one in need of control and intervention. The more prestigious discourse became the dominant definer of 'Woman', as it did with battered women. Refocusing public consciousness about the valid issues and concerns defining the battered woman is seen by socialist feminism as reflective of medical discourse's interest in shifting blame from the socio-political context onto the individual.

I believe that the therapeutic monopoly over the interpretation of the experiences of battered women has undermined any significant social and political change attempting to transform their situations. Emphasizing the personal pathology of the battered woman leaves the accountability of the socio-political structure unquestioned. Any and all reference to the responsibility and role of our wider social and political network is disregarded as irrelevant. Articles collected from 1979 to 1996 support this claim. The dominant voice is that of the psychiatrist, psychologist, or psychoanalyst. They are referenced within the articles as the experts

on wife battery. Interpreting the problems facing the battered woman from the standpoint of therapeutic discourse, involves the attribution of the label 'ill'. That is, the battered woman is disposed of as a psychiatric problem. Criticism aimed at the organization of our social or political structure is never voiced. In order to resolve the situation of battered women, we cannot continue to reduce their experiences to a health care problem. We cannot assume that she is beaten because she provoked him, or secretly enjoys the violence. Individualizing wife battery is a comfortable position from which to understand the problem because it leaves the rest of us without blame, when in fact, the society in which we live *needs* to be held accountable. I agree with Gondolf (1988:104), who proposes a "community-wide response to wife abuse".

There needs to be a clear and loud challenge made towards the way in which our sexual politics are organized and played out in everyday life, in the way our politics continue to maintain violence against women in society, and how economics entrap women within violent relationships. There needs to be the continued funding of shelters for the battered woman, and the continued dedication to the legal protection of these women. Provincial funding of educational programs and low-cost housing projects are vital for women who want to leave the violent relationship. Battered women need to know that there is help for them if, and when, they decide to leave the batterer. I also believe that counseling women who have experienced violence in their lives is a positive endeavor. The therapeutic community can have an active and positive role in the battered woman regaining control of their lives. The involvement of the 'psy' professionals has to be re-oriented around feminist principles and ideas. Therapeutic intervention must be sensitive to, and espouse, woman-centered knowledge when dealing with the battered woman. The expertise of the battered woman cannot be ignored. Those who live with a problem are its best interpreters. This needs to be

given back to the battered woman.

I propose that future research into the issue of wife battery be geared towards re-establishing feminist inspired knowledge surrounding wife battery. There needs to be research which attempts to find possible avenues by which woman-centered knowledge is incorporated into other discourses informing the battered woman. This of course applies to the way in which a therapeutic framework understands the battered woman. As I have already mentioned, I believe that the therapeutic community is important to the re-establishment of battered women as independent and free women. However, this can only be done with sensitivity to woman-based knowledge. In terms of other discourses influenced by feminist knowledge, I look also to the legal system.

Other feminist theorists have written extensively on feminist engagement with the law. Smart (1989) provides feminist activists and writers with the inspiration that although feminist knowledge has continually been disqualified by legal discourse concerning women, feminists must continue to challenge the power of law and to “insist on the legitimacy of feminist knowledge and feminism’s ability to redefine the wrongs of women which law too often confines to insignificance” (Smart, 1989:165). I believe that there must be continued efforts made on the part of feminist theorists and activists to make the law more open to feminist inspired knowledge in terms of how it deals with women. Research into the possible ways in which the law can open its doors to feminism would greatly change not only the position from which battered women could fight against wife battery, but it would also provide all women with a more sensitive and just legal system.

Educating the public about wife battery cannot stop. Educating people, and especially other women, about domestic violence cannot be confined to one perspective. Rather, there needs to be a holistic position from which to inform the public about the needs and experiences of the battered

woman. I propose that further research could look at the ways in which our schools or community meeting places could incorporate wife battery into its curriculum. Educating children about domestic violence, I believe would sensitize them to violence against women and help create men and women who actively denounce any display of violent behavior. It would be interesting to uncover some of the ways in which children could be best taught about violence against women. That is, which approaches and teaching techniques could be used to best educate children about domestic violence. Since children spend a fair amount of time watching television, it would be interesting to see how television or other media-based constructions depict and define the victims of domestic violence. What are the messages derived from these media?

Finally, I propose that research be done in the direction of policy changes relating to wife battery. In particular, I believe that the government needs to be made aware of the dire straits in which battered women's shelters exist. Future research needs to be done in the direction of the most effective means by which feminist activists and battered women can engage in, in order to pressure and lobby the government for the funding of shelters across Canada. Without the battered woman's shelter, battered women are trapped within violent relationships, the public cannot be educated in terms of feminist issues and concerns regarding wife battery, and any and all activism against domestic violence is relinquished. Also, although policing procedures and welfare reform have been changed to better protect battered women, these areas cannot be ignored. I think that it would be interesting to document the progress made by both the police and welfare reform. That is, have the police been consistent in following and maintaining the standards set out by the new procedures introduced with respect to domestic violence in Canada in 1983? Have the police continued to educate new recruits about the problem of wife battery which is sensitive to feminist knowledge?

Has welfare reform resulted in any significant and positive steps in helping the battered woman break free from the violence? Have enough low-income housing projects been initiated and completed in Canada? Have the education programs lobbied for by the Ontario's battered women's movement resulted in battered women being able to find jobs and leave the batterer? These are just some of the questions which I think need to be explored in the future.

The battered woman has been around for a long time, well before she was defined by an organized group of women struggling to give her a voice. Nearly two decades of activism have transformed a once hidden problem into a social and political issue. We must be sure to struggle against those forces which aim to silence and undo the valuable work of countless women activists and battered women. The battered woman deserves to be heard. Her voice cannot be overpowered and deemed insignificant by those within the therapeutic community. In the words of Smart (1992:163), therapeutic discourse must be "de-centered" so that expertise and legitimacy is returned to, and preserved by, the battered woman.

APPENDIX

I have read and analyzed the articles based on the reading of the socialist feminist inspired literature, and that literature which speaks to the medicalization of the battered woman. My data comes from both American and Canadian sources.

For the time 1974 and 1979, I use American magazine articles because there were very little Canadian articles published. This is because the Ontario battered women's movement had not developed until 1977 (Hilton, 1989: 322). However, the influence of the US battered women's movement on the one in Ontario, legitimates my reliance on American magazine articles in raising public consciousness in Ontario during this time (Schechter, 1982:54). Therefore, between 1974 and 1979, I have used those articles which have appeared in reference to wife battery and the battered woman. The articles I have collected, are by no means exhaustive. There exist many articles on wife battery and the battered woman which I have not used in this thesis. My sample does reflect the other articles which exist on the issue of wife battery.

Articles used between 1974 and 1979

For this five year period, American articles are used because of the lack of Canadian publications, until 1977, and because the influence of the US battered women's movement on the development of the Ontario battered women's movement. The articles used are : America; Good Housekeeping; Ladies Home Journal; Mademoiselle; Ms; Newsweek; Parents Magazine; Reader's Digest; Time; U.S. News & World Report; and Vogue. In the year 1976, the first Canadian article appeared in the Canadian Periodical Index under the heading "wife beating".

Entitled, "He Beats Me", Chatelaine magazine provided the Canadian public with an article dealing with the battered woman. The other Canadian magazine during this period was published in The Canadian: The Gazette in November of 1976. The total number of magazine articles used for the time between 1974 and 1979 are twenty one.

Articles used between 1979 and 1996

From 1979 to 1996, I have limited my data to three major popular magazines most widely read by the Ontario public. Based on circulation numbers, which represent sold magazines, I rely on those articles found in Glamour magazine, Macleans magazine, and Chatelaine magazine (English version)¹. I also have data which comes from The Globe and Mail², as a reference to a major Canadian newspaper, from which I found interesting information. Within this time period, I came across eight magazine articles which were of specific relevance and importance for this thesis. They come from both Canadian and US popular magazines. They are : Alberta Report (2 articles) ; Ladies Home Journal; Ms; Reader's Digest; Redbook; The Canadian Nurse; and Working Woman magazine. The total number of articles used for the time between 1979 and 1996 are twenty eight. This makes the total number of articles used for

¹These popular Canadian and American magazines represent the most widely purchased magazines worldwide. Glamour magazine has a circulation of 2,141,751, Macleans magazine of 810,00, and Chatelaine magazine (English version) has a circulation of 501,369. All numbers are for the year 1996. For a more detailed look at circulation numbers on these popular magazines and others, refer to John Robert Colombo (1997). The 1997 Canadian Almanac: All The Facts You Need To Know About Canada and the World. Toronto: Macmillan Canada.

²The Globe and Mail was the newspaper of choice since it is the second most popular newspaper in Canada, with a daily circulation number of 313,747. For a more detailed look at the circulation numbers of this material, see Otto Johnson (Ed) (1997). Almanac: The International Authority. New York: Houghton Mifflin Company.

this thesis forty nine.

Data Analysis

Analyzing the data with the overall problem in mind requires the development of a set of major ideas which I would be looking for. Following Loseke's (1989:197) argument that "magazine articles constructed images of the social problem called 'wife abuse', and these images do not differ significantly from those constructed in the professional literature written by and for 'wife abuse' experts", I have analyzed the article content in the following way. Articles collected between 1974 and 1979 have been analyzed in terms of references made to the battered woman as "political advocate", as "survivor", or as "expert". Speaking from the position of 'expert' is seen to be illustrated through the battered woman's stories and letters. This coincides with socialist feminist claims which argue that victims of domestic violence must be constructed as active agents struggling against domestic violence. Secondly, I look for references to the development of battered women's shelters and their role in raising public consciousness about the battered woman. Within the articles, I am also looking for the criticism of any and all social and political institutions and practices which are deemed by socialist feminism as responsible for the existence of wife battery. Finally, these articles are analyzed according to socialist feminist ideas by looking for resolutions proposed by this framework. In particular, I will be looking for references made to the reformation of welfare policies and police procedures dealing with domestic violence.

The articles collected between 1979 and 1996 are interpreted according to socialist feminist issues and concerns. First, I will be interested in finding references made to

psychiatrists, psychologists, and psychoanalysts as the ‘experts’ on wife battery and the battered woman. Secondly, I will be looking for references made to the battered woman as suffering from a psychological disorder by focusing on the presence of the adjectives or terms : “masochistic”, “provocative”, “abnormal”, and “ill”. Finally, I will be interested in finding references to the way in which male violence has been constructed. Particular interest will be paid to whether or not male violence is produced as the fault of the female figures in his life, namely his mother and the female in his adult life.

The literature speaking to the medicalization of the battered woman suggests that the treatment of battered women focus on therapy and the prescription of medication. As such, I will be looking for references which direct battered women towards therapy sessions or any type of counseling service. Also, I will be interested in analyzing references made that battered women are in need of medication in order to resolve their situation.

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